PHARMACOPŒIA
THE QUEEN'S HOSPITAL
FOR CHILDREN

1936.

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THE

QUEEN'S HOSPITAL FOR CHILDREN,

INCORPORATED

HACKNEY ROAD, LONDON, E.2.

TELEPHONE - BISHOPSGATE 4633.

PHARMACOPŒIA

PREPARED BY

A Committee of
the Medical Staff and the Pharmacist.

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1936.

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PATRON: H.M. THE QUEEN.
PRESIDENT: H.R.H. THE DUKE OF YORK, K.G., K.T.

SEASIDE BRANCH: THE LITTLE FOLKS HOME,
BEXHILL-ON-SEA.

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Consulting Surgeon to the Ear, Nose and Throat Department

M. VLASTO, F.R.C.S.

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PHILIP WILES, M.S., F.R.C.S.

Ophthalmic Surgeon

E. F. KING, F.R.C.S., D.O.M.S.

Medical and Surgical Staff—*continued.*

Physician in charge of the Skin and Light Treatment Departments

Surgeons in charge of the Ear, Nose, and Throat Department

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E. R. G. Passe, m.r.c.s., d.l.o.

Radiologist

W. P. Tindal Atkinson, m.r.c.s., l.r.c.p.

Pathologist

Elizabeth O'Flynn, m.r.c.p.

Anæsthetists

Henry Johnson, l.s.a.
T. de Lacy Walker, l.m.s.s.a.
C. H. Johnson, m.r.c.s., l.r.c.p.

Dental Surgeon

B. St. J. Steadman, b.d.s., l.d.s., r.c.s.

Medical Officer for Whooping Cough Clinic

Frances E. Rendel, m.b., b.s.

Medical Officer in Charge of The Little Folks Home

Kenneth H. Stokes, m.b., b.s.

Resident Medical Staff

One Senior Resident Medical Officer, Two House Physicians and One House Surgeon and Three Casualty Officers.

Pharmacists

Lydia E. Jacob, m.p.s.
Agnes M. Adams, m.p.s.
Thora M. Egleton, m.p.s.
Helen M. Forbes, m.p.s.

CONTENTS.

PAGE

Medical and Surgical Staff and Pharmacists 3

Weights and measures 7

Proportionate dosage table 8

Dosage for new born infants 9

Percentage equivalents 14

Thermometric equivalents 14

Formulas, alphabetically arranged 15

APPENDIX I.—Radiographic examinations 40
  Opaque meals 40
  Barium enema 40
  Sodium iodide for ureteric pyelography 40
  Intravenous pyelography 40

APPENDIX II.—Pathological investigations 42
  General rules for sending of specimens 42
  Ward technique for special tests 44

APPENDIX III.—Infectious diseases 46
  Incubation periods and quarantine 46
  Ward infections 47

APPENDIX IV.—Preparation for operation and basal anæsthetics 49

APPENDIX V.—Leaflets for instruction of parents ... 52
  (1) General management of infants and young children 52
  (2) Breast feeding 56
  (3) Artificial feeding 61
  (4) How to start a baby on mixed food 65
  (5) Feeding of children aged one year and upwards 68
  (6) Diarrhœa in infants and young children ... 72
  (7) Rickets 77
  (8) Discharging ears 78
  (9) Children who have been treated with X-rays for ringworm of the scalp 79
  (10) The care of children's teeth 79

CONTENTS—*continued.*

Appendix VI.—Infant feeding 82
  Calculation of feeds 82
  Table of calorie values 83
  Calorie concentration of feeds 84
  Standard mixtures 85
  Symptoms of under and over feeding 87
  Feeding after a Rammstedt operation and operation for intussusception 88
  Feeding of an infant with enteritis 89

Appendix VII.

  Poultices 91
  Enemas 91
  Feeding formulas 92

Appendix VIII.—Physical standards for normal children 94
  Standard weight, height and head circumference.. 94
  Order and age of eruption of teeth 95
  Pulse and respiration rates 95

Index 96

WEIGHTS AND MEASURES.

EQUIVALENTS IN THE IMPERIAL AND METRIC SYSTEMS.

Weights.

1 grain			= 0·065	gramme
1 drachm	= 60	grains	= 3·88	grammes
1 Avoirdupois ounce	= 437½	grains	= 28·35	grammes
1 Troy or Apothecaries ounce	= 480	grains	= 31·10	grammes
1 pound	= 7,000	grains	= 453·59	grammes
1 milligram	= 0·001	gramme	= 0·015	grain
1 centigram	= 0·01	gramme	= 0·15	grain
1 decigram	= 0·1	gramme	= 1·54	grains
1 gramme	= 1·0	gramme	= 15·43	grains
1 kilogram	= 1,000	grammes	= 2·20	pounds
			(35·27	oz. avoir. approx.)

Measures of Capacity.

1 minim			= 0·06	millilitre (cc.)
1 fl. drachm	= 60	minims	= 3·55	millilitres
1 fl. ounce	= 8	fl. drachms	= 28·4	millilitres
1 pint	= 20	fl. ounces	= 568·24	millilitres
1 Winchester quart	= 80	fl. ounces (4 pints)	= 2·2	litres (approx.)
1 gallon	= 160	fl. ounces (8 pints)	= 4·5	litres (approx.)
1 millilitre (cubic centimetre)	= 0·001	litre	= 17	minims (approx.)
1 litre			= 35	fl. ounces (approx.)

Measures of Length.

1 inch			= 25·4	millimetres
1 foot			= 304·8	millimetres
1 millimetre	= 0·001	metre	= 0·039	inch
1 centimetre	= 0·01	metre	= 0·39	inch
1 decimetre	= 0·1	metre	= 3·9	inches
1 metre	= 1·0	metre	= 39·37	inches

PROPORTIONATE DOSAGE TABLES.

(*a*) DOSAGE AS DETERMINED BY AGE.

The following table gives the doses appropriate to children of different ages in Imperial and Metric Systems, for mixtures and emulsions (Hospital formulæ).

Age.	*Imperial.*	*Metric.*
1 year	1 fl. drachm	3·55 mils. (cc.)
2 years	1½ fl. drachms	5·33 ,,
4 ,,	2 ,, ,,	7·10 ,,
6–8 ,,	3 ,, ,,	10·65 ,,
8–12 ,,	4 ,, ,,	14·20 ,,

The appropriate dose of most drugs can be calculated from the age of the child, using the following formula:

$$\frac{\text{age of child (in years)}}{\text{age of child} + 12} \times \text{adult dose.}$$

(*b*) DOSAGE AS DETERMINED BY BODY WEIGHT.

The appropriate dose can also be calculated from the adult dose on the basis of weight (always remembering that for a very young infant or a feeble child this may give too large a dose).

If adult weight is assumed to be the round figure of 10 stone then the dose can be reckoned as approximately one-twentieth of the adult dose for each half stone of body weight, for example:—

A new born baby of	7 lbs.	should be given	one twentieth of adult dose.
A 5 months old baby of	14 lbs.	,, ,, ,,	two twentieths ,, ,, ,,
A 12 months old baby of	21 lbs.	,, ,, ,,	three ,, ,, ,, ,,
A 2 years old child of	28 lbs.	,, ,, ,,	four ,, ,, ,, ,,
A 4 years old child of	35 lbs.	,, ,, ,,	five ,, ,, ,, ,,
A 7 years old child of	49 lbs.	,, ,, ,,	seven ,, ,, ,, ,,
A 14 years old child of	84 lbs.	,, ,, ,,	twelve ,, ,, ,, ,,

DOSAGE FOR NEW BORN INFANTS

The following doses have been found to be applicable in the case of new born infants of 3 lbs.—7 lbs. (1·35 kg.—3·17 kg.).

They are given simply as a guide should these medicaments be required, but must not be taken as suggesting that indiscriminate dosing is permissible.

Official Drug B.P. or B.P.C.	Dose by mouth	Intramuscular (IM) Intravenous (IV) Subcutaneous (S)	Remarks.
Ammon Carb or Bicarb	gr. $\frac{1}{12}$-$\frac{1}{4}$	—	Even these small doses should be diluted freely.
Aq Anethi Dest	m 10-20	—	—
Aq Camph	m 10-20	—	—
Aq Menth Pip Dest	m 10-20	—	—
Atropin Sulph	—	gr. $\frac{1}{800}$-$\frac{1}{600}$ (S)	Smaller doses can be repeated in 4 hrs., the larger in 6 hrs.
Bismuth Carb	gr. $\frac{1}{2}$-2	—	—
Brandy	m 1-5	—	Diluted ; m 15 in 24 hours.
Bromides (Sod et Pot)	gr. 1-5	—	Children stand bromides well. (5–15 grs. may be given per rectum.)
Calcii Chlorid	gr. $\frac{1}{2}$-1	—	—
Calcii Lactas	gr. $\frac{1}{2}$-2	—	—
Camphor	—	gr. $\frac{1}{8}$-$\frac{1}{2}$ (IM)	Administered in oil, this dose can be repeated 6 hourly.
Chloral Hydr	gr. $\frac{1}{4}$-1	—	Dose can be repeated 6 to 4 hourly according to degree of drowsiness attained.

DOSAGE FOR NEW BORN INFANTS—*continued.*

Official Drug B.P. or B.P.C.	Dose by mouth	Intramuscular (IM) Intravenous (IV) Subcutaneous (S)	Remarks.
Ext Glycyrrh Liq - - -	m 1-2	—	—
Ext Hepat Liq - - - -	m 1-5	—	—
Ext Pituit Liq - - - -	—	m 1–2 in m 10–15 of normal saline solution (S).	—
Hydrarg c̄ Cret - - -	gr. $\frac{1}{8}$-$\frac{1}{4}$	—	—
Liq Adrenalin Hyd - - -	m 5 or more (in sugar water).	m $\frac{1}{2}$–1 in m 10 of normal saline solution (S).	Big doses in sugar water can be given by mouth if thought desirable for bleeding in the stomach.
Mist Mag Hydrox - - -	m 2-10	—	—
Ol Olivæ - - - - -	—	—	m 20–60 per rectum.
Ol Ricini - - - -	m 5-15 (aperient)	—	m $\frac{1}{2}$–1, 3 to 4 hourly (for diarrhœa).
Oxygen - - - - -	—	—	Best given by close fitting mask or nasal catheter, the gas being allowed to bubble very freely.
Oxygen with Carbon Dioxide 5 %	—	—	For resuscitation.
Paraffin Liq - - - -	m 15-30	—	1–2 fl. drachms by enema.
Phenobarbiton ('Luminal') ,, solub ('Luminal Sodium')	gr. $\frac{1}{10}$-$\frac{1}{8}$	—	Dose can be repeated every six hours with caution, even quite small infants stand Luminal well.
Pot Bicarb - - - -	gr. $\frac{1}{2}$-2	—	—

DOSAGE FOR NEW BORN INFANTS—*continued.*

Official Drug B.P. or B.P.C.	Dose by mouth.	Intramuscular (IM) Intravenous (IV) Subcutaneous (S)	Remarks.
Pot Brom, see Bromides.			
Pot Cit	gr. $\frac{1}{2}$-2	—	—
Pulv Ipecac et Opii (contains 1 % morphine)	gr. $\frac{1}{16}$-$\frac{1}{8}$	—	Formerly Pulv Ipecac Co. Children are very intolerant of opium.
Saccharin Solub	gr. $\frac{1}{32}$	—	To sweeten 1 pint of lactic milk, when reconstituted.
Sod Bicarb	gr. $\frac{1}{2}$–2	—	—
Sod Brom, see Bromides.			
Sod Cit	gr. 2-4	—	gr. 1–2 for each fl. oz. of whole milk.
Sod Salicyl	gr. $\frac{1}{8}$-$\frac{1}{2}$	—	—
Sod Sulph	gr. 1-5	—	—
Sp Ammon Aromat	m $\frac{1}{2}$-2	—	—
Syr Aurant	m 1-5	—	—

DOSAGE FOR NEW BORN INFANTS—*continued.*

Official Drug B.P. or B.P.C.	Dose by mouth.	Intramuscular (IM) Intravenous (IV) Subcutaneous (S)	Remarks.
Syr Limonis - - - -	m 1-5	—	—
Syr Pruni Serot - - -	m 1-5	—	Formerly Syr Pruni Virg.
Syr Tolu - - - -	m 1-5	—	—
Thyroid (dry) - - - -	gr. $\frac{1}{10}$	—	Gr. $\frac{1}{10}$ once daily or more, to stimulate metabolism.
Tinct Bellad - - - -	m $\frac{1}{16}$-$\frac{1}{4}$	—	May be repeated 6–4 hourly.
Tinct Cardam Co - - -	m 1-2	—	—
Tinct Hyoscyami - - -	m 1-2	—	—
Tinct Ipecac - - - -	m $\frac{1}{4}$-$\frac{3}{4}$	—	Formerly Vin Ipecac.
Tinct Nucis Vom - - -	m $\frac{1}{12}$-$\frac{1}{4}$	—	—
Tinct Opii Camph - - - (contains 0·05 % morphine)	m $\frac{1}{4}$-$\frac{1}{2}$	—	Formerly Tinct Camph Co The best form of opium for infants.
Tinct Rhei Co - - - -	m 1-2	—	—

DOSAGE FOR NEW BORN INFANTS—*continued.*

Proprietary Preparations, etc.	Dose by mouth.	Intramuscular (IM) Intravenous (IV) Subcutaneous (S)	Remarks.
Coagulen (Ciba) 3% solution -	m60, 3 hourly if necessary	10–20 cc. (IM) in 24 hours	Sold 5cc. × 5 ampoules, also 20 cc. ampoules. Can be used for bleeding of new born.
Coramine (Ciba) 0·25% - -	m 1-5	m 1-5 (IM)	Sold 1·7 cc. × 5 ampoules.
Campolon (Bayer) - - -	—	$\frac{1}{4}$-$\frac{1}{3}$ cc. (IM) daily	Sold 2 cc. × 5 ampoules
Hemoplastin (Parke Davis & Co.)	—	$\frac{1}{4}$-$\frac{1}{2}$ cc. (IM)	Sold 2 cc. ampoules, repeat 4–6 hours, can be used for idiopathic bleeding of new born.
Lobeline Hyd (Martindale) -	—	gr. $\frac{1}{400}$–$\frac{1}{200}$ (S)	Sold gr. $\frac{1}{20}$ ampoules.
Hypertonic Saline 10 % - -	—	—	2–3 ounces per rectum for increased intracranial tension.
Normal Saline - - -	—	Subcutaneous Intraperitoneal	—
Human Blood - - - -	—	Intramuscular 10-20 cc. Intrasinus 30-100 cc.	For bleeding of new born, hæmolytic anæmia, familial icterus gravis. For intramuscular injection, the addition of 1 cc. of 1 % Sodium Citrate solution is adequate. Repeated injections of blood are often necessary. For transfusion use 2% Sodium Citrate solution, 1 cc. to each 9 cc. of blood.
Human Serum - - -	—	5-20 cc. (IM)	For certain forms of jaundice.
Normal Horse Serum - -	—	$\frac{1}{2}$–2 cc. for every 1 lb. body wgt. (IM)	For emergency use for idiopathic bleeding of new born in conjunction with whole blood.

PERCENTAGE EQUIVALENTS.

Grains in Pint.	Grains in Ounce.	Parts in 100.	Minims in Pint.	Minims in Ounce.
$43\frac{3}{4}$	$2\frac{3}{16}$	0·5	48	$2\frac{2}{5}$
$87\frac{1}{2}$	$4\frac{3}{8}$	1·0	96	$4\frac{4}{5}$
$131\frac{1}{4}$	$6\frac{9}{16}$	1·5	144	$7\frac{1}{5}$
175	$8\frac{3}{4}$	2·0	192	$9\frac{3}{5}$
$218\frac{3}{4}$	$10\frac{15}{16}$	2·5	240	12
$262\frac{1}{2}$	$13\frac{1}{8}$	3·0	288	$14\frac{2}{5}$
$306\frac{1}{4}$	$15\frac{5}{16}$	3·5	336	$16\frac{4}{5}$
350	$17\frac{1}{2}$	4·0	384	$19\frac{1}{5}$
$393\frac{3}{4}$	$19\frac{11}{16}$	4·5	432	$21\frac{3}{5}$
$437\frac{1}{2}$	$21\frac{7}{8}$	5·0	480	24

THERMOMETRIC EQUIVALENTS.

To convert Centigrade into Fahrenheit—Multiply by 9, divide by 5, add 32.

To convert Fahrenheit into Centigrade—Subtract 32, multiply by 5, divide by 9.

Centigrade.	*Fahrenheit.*
42	107·6
40	104
39	102·2
38	100·4
37·5	99·5
36·9	98·4
36	96·8

PHARMACOPŒIA.

The doses of internal remedies are calculated for children one year old, except when otherwise stated.

BALNEA (BATHS).

BALNEUM ALKALINUM.

Sodium Bicarbonate	110 grains
Water at 98° Fahr. (36·7° Cent.)	1 gallon

BALNEUM AQUÆ CALIDÆ.

Water at 98°—110° Fahr. (36·7°—43·3° Cent.

BALNEUM AQUÆ FRIGIDÆ.

Water at 65° Fahr. (18·3° Cent.) reduced by means of ice to 40° Fahr. (4·4° Cent.).

BALNEUM AQUÆ TEPIDÆ.

Water at 85°—92° Fahr. (29·4°—33·3° Cent.).

BALNEUM PICIS CARBONIS.

Solution of Coal Tar	2 fl. drachms
Water to	7 gallons

BALNEUM SINAPIS.

Mustard	½ ounce
Water at 98° Fahr. (36·7° Cent.)	1 gallon

[*The mustard to be enclosed in a muslin bag and squeezed.*]

BALNEUM SULPHURATUM.

Sulphurated Potash	1 ounce
Water to	7 gallons

COLLUNARIUM (NASAL WASH).

COLLUNARIUM SODII.

Sodium Bicarbonate	3 grains
Borax	3 grains
Sodium Chloride	3 grains
Sucrose	3 grains
Water to	1 fl. drachm

[*To be added to two tablespoonfuls of warm water before use.*]

COLLUTORIA (MOUTH WASHES)

Quoque vide Gargarismata.

To be diluted with an equal quantity of warm water before use.

COLLUTORIUM BORACIS COMPOSITUM.

Tincture of Myrrh	5 minims
Glycerin of Borax	2 fl. drachms
Water to	1 fl. ounce

COLLUTORIUM HYDROGENII PEROXIDI.

Solution of Hydrogen Peroxide	2 fl. drachms
Water to	1 fl. ounce

COLLUTORIUM PHENOLIS.

Glycerin of Phenol	20 minims
Solution of Cochineal	$\frac{1}{2}$ minim
Water to	1 fl. ounce

COLLUTORIUM THYMOLIS COMPOSITUM.

Boric Acid	4 grains
Benzoic Acid	$\frac{1}{8}$ grain
Thymol	$\frac{1}{8}$ grain
Eucalyptol	$\frac{1}{8}$ minim
Oil of Peppermint	$\frac{1}{16}$ minim
Rectified Spirit	10 minims
Glycerin	10 minims
Solution of Cochineal	$\frac{1}{4}$ minim
Water to	1 fl. ounce

CREMORES (CREAMS).

Quoque vide Pastæ et Unguenta.

CREMOR CALAMINÆ.

Calamine	4 grammes
Zinc Oxide	2 grammes
Olive Oil	60 millilitres
Solution of Calcium Hydroxide to	100 millilitres

CREMOR ZINCI.

Zinc Oxide	6 grammes
Hydrous Wool Fat	12 grammes
Olive Oil	50 millilitres
Solution of Calcium Hydroxide to	100 millilitres

CREMOR ZINCI ET ICHTHAMMOLIS.

Ichthammol	1 gramme
Zinc Cream to	100 millilitres

DENTIFRICIUM (TOOTH POWDER).

DENTIFRICIUM CRETÆ COMPOSITUM.

Potassium Chlorate	10 grammes
Hard Soap, in powder	20 grammes
Phenol	2 grammes
Oil of Cinnamon	2 millilitres
Calcium Carbonate to	100 grammes

EMULSIONES (EMULSIONS).

Quoque vide Misturæ.

EMULSIO OLEI MORRHUÆ.

Cod-liver Oil	30	minims
Benzoic Acid	$\frac{1}{16}$	grain
Decoction of Chondrus to	1	fl. drachm

EMULSIO OLEI MORRHUÆ CUM FERRO.

Cod-liver Oil	30	minims
Iron and Ammonium Citrate	$1\frac{1}{2}$	grains
Benzoic Acid	$\frac{1}{16}$	grain
Decoction of Chondrus to	1	fl. drachm

EMULSIO OLEI MORRHUÆ CUM HYPOPHOSPHITIBUS.

Cod-liver Oil	30	minims
Calcium Hypophosphite	$\frac{1}{2}$	grain
Sodium Hypophosphite	$\frac{1}{2}$	grain
Benzoic Acid	$\frac{1}{16}$	grain
Decoction of Chondrus to	1	fl. drachm

EMULSIO OLEI RICINI

Castor Oil	5	minims
Acacia in powder	2	grains
Benzoic Acid	$\frac{1}{16}$	grain
Cinnamon Water to	1	fl. drachm

EMULSIO PARAFFINI.

Liquid Paraffin	30	minims
Essential Oil of Almonds (without Hydrocyanic Acid)	$\frac{1}{24}$	minim
Soluble Saccharin	$\frac{1}{32}$	grain
Benzoic Acid	$\frac{1}{16}$	grain
Decoction of Chondrus to	1	fl. drachm

EMULSIO PARAFFINI CUM BISMUTHO.

Bismuth Carbonate	5	grains
Paraffin Emulsion to	1	fl. drachm

EMULSIO PARAFFINI CUM CASCARA.

Elixir of Cascara Sagrada	3	minims
Paraffin Emulsion to	1	fl. drachm

GARGARISMATA (GARGLES).

Quoque vide Collutoria.

To be diluted with an equal quantity of warm water before use.

ARGARISMA ALKALINA.

Sodium Bicarbonate	2	grammes
Potassium Chlorate	2	grammes
Sodium Chloride	2	grammes
Compound Tincture of Lavender	2	millilitres
Water to	100	millilitres

GARGARISMA POTASSII CHLORATIS.

Potassium Chlorate	3 grammes
Glycerin	15 millilitres
Water to	100 millilitres

GARGARISMA POTASSII PERMANGANATIS.

Potassium Permanganate	0·04 gramme
Water to	100 millilitres

GUTTÆ (DROPS).

FOR AURAL USE.

Quoque vide Insufflationes.

GUTTÆ ACIDI SALICYLICI.

Salicylic Acid	2 grammes
Industrial Methylated Spirit to	100 millilitres

GUTTÆ HYDROGENII PEROXIDI.

Solution of Hydrogen Peroxide

GUTTÆ PHENOLIS.

Synonym :—Guttæ Acidi Carbolici.

Phenol	5 grammes
Glycerin to	100 millilitres

GUTTÆ PHENOLIS DILUTÆ.

Synonym :—Guttæ Acidi Carbolici Dilutæ.

Phenol	2 grammes
Glycerin to	100 millilitres

GUTTÆ SODII BICARBONATIS.

Sodium Bicarbonate	5 grammes
Glycerin	5 millilitres
Water to	100 millilitres

GUTTÆ SPIRITUS.

Boric Acid	2 grammes
Industrial Methylated Spirit	25 millilitres
Water to	100 millilitres

FOR NASAL USE.

GUTTÆ ALKALINÆ.

Sodium Bicarbonate	1 gramme
Borax	1 gramme
Sodium Chloride	1 gramme
Water to	100 millilitres

GUTTÆ EUCALYPTI.

Oil of Eucalyptus	1 millilitre
Liquid Paraffin to	100 millilitres

GUTTÆ HYDRARGYRI NITRATIS COMPOSITÆ.

Menthol	1 gramme
Dilute Ointment of Mercuric Nitrate	5 grammes
Liquid Paraffin to	100 millilitres

GUTTÆ MENTHOL.

Menthol	0·5 gramme
Liquid Paraffin to	100 millilitres

GUTTÆ MENTHOL ET EUCALYPTI.

Menthol	0·5 gramme
Oil of Eucalyptus	1 millilitre
Liquid Paraffin to	100 millilitres

FOR OPHTHALMIC USE.

GUTTÆ ARGENTI NITRATIS.

Silver Nitrate	1 gramme
Sterilized Distilled Water to	100 millilitres

GUTTÆ ARGYROL.

Argyrol	5 grammes
Sterilized Distilled Water to	100 millilitres

GUTTÆ ATROPINÆ SULPHATIS.

Atropine Sulphate	1 gramme
Sterilized Distilled Water to	100 millilitres

GUTTÆ COCAINÆ.

Cocaine Hydrochloride - -	4 grammes
Sterilized Distilled Water to -	100 millilitres

GUTTÆ COCAINÆ ET HOMATROPINÆ.

Cocaine Hydrochloride - -	2 grammes
Homatropine Hydrobromide -	2 grammes
Sterilized Distilled Water to -	100 millilitres

GUTTÆ FLUORESCEINÆ.

Soluble Fluorescein - -	2 grammes
Sterilized Distilled Water to -	100 millilitres

GUTTÆ MERCUROCHROME.

Mercurochrome - - -	1 gramme
Sterilized Distilled Water to -	100 millilitres

GUTTÆ PHYSOSTIGMINÆ.

Physostigmine Salicylate -	0·25 gramme
Boric Acid - - - -	1 gramme
Sterilized Distilled Water to -	100 millilitres

GUTTÆ PHYSOSTIGMINÆ FORTIORES.

Physostigmine Salicylate -	0·5 gramme
Boric Acid - - - -	2 grammes
Sterilized Distilled Water to -	100 millilitres

GUTTÆ PROTARGOL.

Protargol - - - -	5 grammes
Sterilized Distilled Water to -	100 millilitres

INJECTIONES (INJECTIONS).

INJECTIO ATROPINÆ SULPHATIS HYPODERMICA.

Atropine Sulphate - -	$\frac{1}{120}$ grain
Sterilized Distilled Water to -	5 minims

[Dose for children from two to five years of age given not less than 30 minutes nor more than 60 minutes before all general anæsthetics, see page 49.]

INJECTIO CAMPHORÆ HYPODERMICA.

Camphor	$\frac{1}{2}$ grain
Sterilized Olive Oil to	5 minims

INJECTIO CAMPHORÆ ET ÆTHERIS HYPODERMICA.

Camphor	$\frac{1}{2}$ grain
Ether	1 minim
Sterilized Olive Oil to	5 minims

INJECTIO STRYCHNINÆ HYPODERMICA.

Strychnine Hydrochloride	$\frac{1}{120}$ grain
Sterilized Distilled Water to	5 minims

[*Dose for a child of five years of age.*]

INSUFFLATIONES (INSUFFLATIONS).

FOR AURAL USE.

Quoque vide Guttæ.

INSUFFLATIO ACIDI BORICI.

Boric Acid Powder

INSUFFLATIO IODI ET ACIDI BORICI.

Iodine	1 gramme
Boric Acid to	100 grammes

INSUFFLATIO IODI ET ACIDI BORICI FORTIOR.

Iodine	2 grammes
Boric Acid to	100 grammes

LINCTUS (LINCTUSES).

LINCTUS IPECACUANHÆ COMPOSITUS.

Camphorated Tincture of Opium	$2\frac{1}{2}$ minims
Tincture of Ipecacuanha	$2\frac{1}{2}$ minims
Golden Syrup	10 grains
Water to	1 fl. drachm

[*Each drachm contains approximately* $\frac{1}{90}$ *grain opium or* $\frac{1}{900}$ *grain anhydrous morphine.*]

LINCTUS SIMPLEX.

Oxymel of Squill	5 minims
Syrup of Tolu	10 minims
Syrup to	30 minims

LINIMENTA (LINIMENTS).

LINIMENTUM CAMPHORÆ DILUTUM.

Camphor	10 grammes
Olive Oil to	100 millilitres

LINIMENTUM SAPONIS.

Soft Soap	8 grammes
Camphor	4 grammes
Water	17 millilitres
Industrial Methylated Spirit to	100 millilitres

LINIMENTUM TEREBINTHINÆ DILUTUM.

Oil of Turpentine	25 millilitres
Linseed Oil to	100 millilitres

LOTIONES (LOTIONS).

LOTIO ACIDI BORICI.

Boric Acid	2 grammes
Water to	100 millilitres

LOTIO ACIDI BORICI ET ZINCI SULPHATIS.

Boric Acid	2 grammes
Zinc Sulphate	0·2 gramme
Water to	100 millilitres

LOTIO ACIDI PICRICI.

Picric Acid	1 gramme
Water to	100 millilitres

LOTIO ALKALINA.

Sodium Bicarbonate	1 gramme
Borax	1 gramme
Water to	100 millilitres

LOTIO ALUMINIS.

Alum	1 gramme
Water to	100 millilitres

LOTIO CALAMINÆ.

Calamine	10 grammes
Zinc Oxide	5 grammes
Glycerin	5 millilitres
Water to	100 millilitres

LOTIO CANTHARIDINI.

Strong Solution of Ammonia	5 millilitres
Solution of Cantharidin	10 millilitres
Bay Rum (Industrial) to	100 millilitres

LOTIO EVAPORANS.

Industrial Methylated Spirit	25 millilitres
Water to	100 millilitres

LOTIO HYDRARGYRI OXYCYANIDI (pro oculis.)

Mercuric Oxycyanide	0·0125 gramme
Water to	100 millilitres

LOTIO HYDRARGYRI PERCHLORIDI.

Mercuric Chloride	0·05 gramme
Water to	100 millilitres

LOTIO HYDRARGYRI PERCHLORIDI FORTIOR.

Mercuric Chloride	0·2 gramme
Water to	100 millilitres

[*Mercuric Chloride Lotions are coloured blue with methylene blue.*]

LOTIO PHENOLIS.

Synonym :—Carbolic Acid Lotion.

Phenol	5 grammes
Water to	100 millilitres

[*Phenol Lotion is coloured pink with eosin.*]

LOTIO PICIS CARBONIS.

Solution of Coal Tar	4 millilitres
Water to	100 millilitres

LOTIO PLUMBI.

Strong Solution of Lead Subacetate	1·5 millilitres
Distilled Water to	100 millilitres

LOTIO PLUMBI EVAPORANS.

Strong Solution of Lead Subacetate	1·5 millilitres
Industrial Methylated Spirit	10 millilitres
Distilled Water to	100 millilitres

LOTIO PLUMBI CUM OPIO.

Strong Solution of Lead Subacetate	1·5 millilitres
Tincture of Opium	5 millilitres
Distilled Water to	100 millilitres

LOTIO POTASSII PERMANGANATIS.

Potassium Permanganate	0·1 gramme
Water to	100 millilitres

LOTIO RUBRA.

Zinc Sulphate	0·5 gramme
Compound Tincture of Lavender	2 millilitres
Distilled Water to	100 millilitres

LOTIO SODII BICARBONATIS (pro oculis).

Sodium Bicarbonate	2 grammes
Water to	100 millilitres

MISTURÆ (MIXTURES).

Quoque vide Linctus et Emulsiones.

MISTURA ALBA.

Light Magnesium Carbonate	2½ grains
Magnesium Sulphate	7½ grains
Peppermint Water to	1 fl. drachm

MISTURA AMMONII ACETATIS.

Dilute Solution of Ammonium Acetate	15 minims
Potassium Citrate	2 grains
Glycerin	5 minims
Water to	1 fl. drachm

MISTURA AMMONIÆ ET ÆTHERIS.

Aromatic Spirit of Ammonia	3 minims
Spirit of Ether	3 minims
Chloroform Water to	1 fl. drachm

MISTURA ARSENICALIS.

Arsenical Solution	½ minim.
Caramel	a sufficient quantity
Water to	1 fl. drachm

MISTURA BELLADONNÆ.

Tincture of Belladonna	2½ minims
Glycerin	10 minims
Water to	1 fl. drachm

MISTURA BELLADONNÆ ET POTASSII BROMIDI.

Potassium Bromide	3 grains
Tincture of Belladonna	2 minims
Ammonium Carbonate	½ grain
Syrup of Tolu	10 minims
Water to	1 fl. drachm

MISTURA BISMUTHI.

Bismuth Carbonate	2½ grains
Chloroform Water to	1 fl. drachm

MISTURA BISMUTHI ASTRINGENS.

Bismuth Carbonate	2 grains
Tannic Acid	1½ grains
Aromatic Powder of Chalk with Opium	2 grains
Water to	1 fl. drachm

[*Each drachm contains approximately* $\frac{1}{20}$ *grain opium or* $\frac{1}{200}$ *grain anhydrous morphine.*]

MISTURA BISMUTHI SALICYLATIS.

Bismuth Salicylate	3 grains
Syrup of Orange	5 minims
Mucilage of Tragacanth	5 minims
Water to	1 fl. drachm

MISTURA BROMOFORMI.

Bromoform	$\frac{1}{16}$ minim
Water to	1 fl. drachm

MISTURA CAFFEINÆ CITRATIS.

Caffein Citrate	1 grain
Chloroform Water to	1 fl. drachm

MISTURA CARMINATIVA.

Sodium Bicarbonate	1½ grains
Aromatic Spirit of Ammonia	1½ minims
Compound Tincture of Cardamom	3 minims
Glycerin	5 minims
Dill Water to	1 fl. drachm

MISTURA CASCARÆ.

Elixir of Cascara Sagrada	3 minims
Chloroform Water to	1 fl. drachm

MISTURA CHLORALFORMAMIDI.

Chloral Formamide	4 grains
Rectified Spirit	10 minims
Chloroform Water to	1 fl. drachm

MISTURA CHLORALIS.

Chloral Hydrate	2 grains
Syrup of Orange	15 minims
Water to	1 fl. drachm

MISTURA CHLORALIS ET POTASSII BROMIDI.

Chloral Hydrate	2 grains
Potassium Bromide	5 grains
Syrup of Orange	15 minims
Water to	1 fl. drachm

MISTURA EXTRACTI MALTI ET OLEI MORRHUÆ CUM FERRO.

Compound Syrup of Ferrous Phosphate - - - -	20 minims
Extract of Malt with Cod-liver Oil to - - - -	1 fl. drachm

MISTURA FERRI ET AMMONII CITRATIS.

Iron and Ammonium Citrate -	1½ grains
Chloroform Water to - -	1 fl. drachm

MISTURA FERRI ARSENICALIS.

Iron and Ammonium Citrate -	1½ grains
Arsenical Solution - -	½ minim
Chloroform Water to - -	1 fl. drachm

MISTURA FERRI PERCHLORIDI.

Solution of Ferric Chloride -	2½ minims
Glycerin - - - -	5 minims
Chloroform Water to - -	1 fl. drachm

MISTURA FERRI ET POTASSII CHLORATIS.

Mixture of Ferric Chloride -	½ fl. drachm
Mixture of Potassium Chlorate to - - -	1 fl. drachm

MISTURA FERRI ET SODII SALICYLATIS.

Solution of Ferric Chloride -	1 minim
Sodium Salicylate - - -	1 grain
Potassium Bicarbonate - -	1 grain
Chloroform Water to - -	1 fl. drachm

MISTURA FERRI SULPHATIS.

Ferrous Sulphate - - -	1½ grains
Dilute Hypophosphorous Acid	¼ minim
Dextrose - - - -	15 grains
Chloroform Water to - -	1 fl. drachm

MISTURA FILICIS.

Extract of Male Fern - -	7½ minims
Syrup of Ginger - - -	2½ minims
Tincture of Quillaia - -	4 minims
Water to - - - -	1 fl. drachm

MISTURA GENTIANÆ ALKALINA.

Sodium Bicarbonate	2 grains
Compound Infusion of Gentian to	1 fl. drachm

MISTURA GENTIANÆ ET RHEI.

Potassium Bicarbonate	2½ grains
Weak Tincture of Ginger	3 minims
Infusion of Rhubarb	8 minims
Compound Infusion of Gentian to	1 fl. drachm

MISTURA HEXAMINÆ.

Hexamine	2 grains
Syrup of Orange	5 minims
Chloroform Water to	1 fl. drachm

MISTURA HYDRARGYRI PERCHLORIDI.

Solution of Mercuric Chloride	5 minims
Caramel	a sufficient quantity
Chloroform Water to	1 fl. drachm

MISTURA IPECACUANHÆ AMMONIATA.

Ammonium Carbonate	½ grain
Tincture of Ipecacuanha	2 minims
Glycerin	10 minims
Water to	1 fl. drachm

MISTURA IPECACUANHÆ ET BELLADONNÆ.

Tincture of Belladonna	2 minims
Ammoniated Mixture of Ipecacuanha to	1 fl. drachm

MISTURA IPECACUANHÆ ET POTASSII CITRATIS CUM BELLADONNA.

Potassium Citrate	5 grains
Tincture of Belladonna	3 minims
Tincture of Ipecacuanha	2 minims
Syrup of Tolu	10 minims
Camphor Water to	1 fl. drachm

MISTURA LOBELIÆ ET BELLADONNÆ.

Potassium Iodide	1 grain
Ethereal Tincture of Lobelia	2 minims
Tincture of Belladonna	2 minims
Syrup of Tolu	5 minims
Chloroform Water to	1 fl. drachm

MISTURA OLEI MORRHUÆ vide Emulsio.

MISTURA OLEI RICINI vide Emulsio.

MISTURA POTASSII BROMIDI.

Potassium Bromide	2½ grains
Syrup of Orange	10 minims
Caramel	a sufficient quantity
Chloroform Water to	1 fl. drachm

MISTURA POTASSII CHLORATIS.

Potassium Chlorate	2 grains
Chloroform Water to	1 fl. drachm

MISTURA POTASSII CHLORATIS ET SODII SALICYLATIS.

Potassium Chlorate	2 grains
Sodium Salicylate	2 grains
Chloroform Water to	1 fl. drachm

MISTURA POTASSII CITRATIS.

Potassium Citrate	5 grains
Sodium Bicarbonate	5 grains
Glycerin	5 minims
Chloroform Water to	1 fl. drachm

MISTURA POTASSII CITRATIS ET BELLADONNÆ.

Potassium Citrate	5 grains
Sodium Bicarbonate	5 grains
Potassium Bicarbonate	5 grains
Tincture of Belladonna	1 minim
Chloroform Water to	1 fl. drachm

MISTURA POTASSII CITRATIS ET HYOSCYAMI.

Tincture of Hyoscyamus	2½ minims
Mixture of Potassium Citrate to	1 fl. drachm

MISTURA POTASSII IODIDI.

Potassium Iodide	½ grain
Sodium Bicarbonate	2½ grains
Chloroform Water to	1 fl. drachm

MISTURA RHEI CUM SODA.

Rhubarb, in powder	2 grains
Sodium Bicarbonate	2 grains
Aromatic Spirit of Ammonia	3 minims
Water to	1 fl. drachm

MISTURA SCILLÆ COMPOSITA.

Camphorated Tincture of Opium	3 minims
Oxymel of Squill	5 minims
Syrup of Tolu	5 minims
Water to	1 fl. drachm

[*Each drachm contains approximately* $\frac{1}{75}$ *grain opium or* $\frac{1}{750}$ *grain anhydrous morphine.*]

MISTURA SENNÆ.

Senna Pods	10 grains (4 pods approx.)
Spirit of Chloroform	2½ minims
Glycerin	2½ minims
Water to	1 fl. drachm

MISTURA SODII BICARBONATIS.

Sodium Bicarbonate	2½ grains
Caramel	a sufficient quantity.
Chloroform Water to	1 fl. drachm

MISTURA SODII CITRATIS.

Sodium Citrate	4 grains
Chloroform Water	10 minims
Water to	1 fl. drachm

MISTURA SODII PHOSPHATIS ACIDI.

Sodium Acid Phosphate	5 grains
Chloroform Water to	1 fl. drachm

MISTURA SODII SALICYLATIS.

Sodium Salicylate	2½ grains
Sodium Bicarbonate	2½ grains
Syrup of Orange	5 minims
Water to	1 fl. drachm

MISTURA STRAMONII.

Tincture of Stramonium	2 minims
Ethereal Tincture of Lobelia	2 minims
Ammoniated Mixture of Ipecacuanha to	1 fl. drachm

MISTURA SYRUPI FERRI PHOSPHATIS COMPOSITI.

Compound Syrup of Ferrous Phosphate	15 minims
Water to	½ fl. drachm

PASTÆ (PASTES).

Quoque vide Cremores et Unguenta.

PASTA BISMUTHI ET IODOFORMI.

Synonym :—B.I.P.P.

Bismuth Subnitrate	25 grammes
Iodoform	50 grammes
Liquid Paraffin	25 millilitres or a sufficient quantity.

PASTA PICIS.

Synonym :—White's Paste.

Crude Coal Tar	6 grammes
Zinc Oxide	6 grammes
Starch	48 grammes
Yellow Soft Paraffin	48 grammes

PASTA ZINCI.

Zinc Oxide	25 grammes
Starch	25 grammes
Yellow Soft Paraffin to	100 grammes

PASTA ZINCI ET ACIDI SALICYLICI.

Synonym :—Lassar's Paste.

Zinc Oxide	24 grammes
Starch	24 grammes
Salicylic Acid	2 grammes
Yellow Soft Paraffin to	100 grammes

PASTA ZINCI ET HYDRARGYRI OXIDI FLAVI.

Yellow Mercuric Oxide	1 gramme
Zinc Paste to	100 grammes

PIGMENTA (PAINTS).

PIGMENTUM ARGENTI NITRATIS (pro oculis).

Silver Nitrate	2 grammes
Distilled Water to	100 millilitres

PIGMENTUM IODI (pro faucibus).

Iodine	1 gramme
Potassium Iodide	2·5 grammes
Water	2·5 millilitres
Glycerin to	100 millilitres

PIGMENTUM VIOLÆ CRYSTALLINÆ.

Synonym :—Gentian Violet Paint.

Crystal Violet	5 grammes
Industrial Methylated Spirit	20 millilitres
Water to	100 millilitres

PIGMENTUM VIRIDIS MALACHITI.

Malachite Green	1 gramme
Industrial Methylated Spirit	80 millilitres
Water to	100 millilitres

PULVERES (POWDERS) (EXTERNAL).

Pulveres pro auribus vide Insufflationes.

PULVIS ACIDI BORICI ET AMYLI.

Boric Acid	25 grammes
Starch	75 grammes

PULVIS IODOFORMI ET ACIDI BORICI.

Iodoform	10 grammes
Boric Acid	90 grammes

PULVIS ZINCI ET AMYLI.

Zinc Oxide	25 grammes
Starch	75 grammes

PULVIS ZINCI, AMYLI ET BORICI.

Zinc Oxide	20 grammes
Boric Acid	20 grammes
Starch	60 grammes

SALES (SALTS).

SALES APERIENTES.

Magnesium Sulphate	15 grains
Sodium Sulphate (feathery crystals)	15 grains

(*Dose for a child of five years of age.*)

SAPONES (SOAPS).

SAPO ÆTHEREUS.

Oleic Acid	35 millilitres
Industrial Methylated Spirit	15 millilitres
Saturated Solution of Potassium Hydroxide	a sufficient quantity
Methylated Ether ·730 to	100 millilitres

SAPO SPIRITUS.

Soft Soap	65 grammes
Industrial Methylated Spirit to	100 millilitres

SOLUTIONES (SOLUTIONS).

SOLUTIO ACIDI TANNICI ET HYDRARGYRI PERCHLORIDI (for burns).

Tannic Acid	2 grammes
Mercuric Chloride	0·05 gramme
Water to	100 millilitres

(*To be freshly prepared and applied on gauze soaked in the solution.*)

SOLUTIO COCAINÆ ET PHENOLIS.

Synonym :—Bonain's Solution.

(*Used as local anæsthetic before myringotomy operation.*)

Cocaine Hydrochloride	
Phenol	
Menthol	of each equal parts.

SOLUTIO DEXTROSI (FRESHLY STERILIZED).

(*For intravenous or subcutaneous injection.*)

Dextrose	5 grammes
Distilled Water to	100 millilitres

SOLUTIO DEXTROSI ET SODII CHLORIDI (FRESHLY STERILIZED).

(*For intravenous or subcutaneous injection.*)

Dextrose	2.5 grammes
Sodium Chloride	0.45 gramme
Distilled Water to	100 millilitres

SOLUTIO EPHEDRINÆ ET SODII CHLORIDI.

(*Used in the Ear, Nose and Throat Department for displacement treatment* (*Prœtz*).

Ephedrine Hydrochloride	0·5 gramme
Normal Saline Solution to	100 millilitres

SOLUTIO SODII CHLORIDI (FRESHLY STERILIZED).

(*Normal Saline Solution.*
For intravenous or subcutaneous injection.)

Sodium Chloride	0·91 gramme
Distilled Water to	100 millilitres

SOLUTIO SODII CITRATIS (FRESHLY STERILIZED).

(For blood transfusion).

Sodium Citrate - - -	2 grammes
Distilled Water to - -	100 millilitres

Use one part of solution to nine parts of blood.

TABELLÆ (TABLETS).

TABELLA ACIDI ACETYLSALICYLICI ET PHENACETINI ET CAFFEINÆ.

Acetylsalicylic Acid (Aspirin) -	2 grains
Phenacetin - - - -	2 grains
Caffein - - - -	1 grain

(Dose for a child of seven years of age.)

TABELLA SANTONINI ET HYDRARGYRI SUBCHLORIDI.

Santonin - - - -	1 grain
Mercurous Chloride (Calomel) -	1 grain

(Dose for a child of seven years of age.)

TABELLA SANTONINI ET HYDRARGYRI SUBCHLORIDI DILUTA.

Santonin - - - -	½ grain
Mercurous Chloride (Calomel) -	½ grain

(Dose for a child of three years of age.)

It is customary to give Santonin on three alternate nights.

The following drugs are kept in Tablet form :—

Acetylsalicylic Acid (Aspirin) -	5 grains
Acriflavine - - - -	¼, ½ grain
Calcium Acetylsalicylate -	5 grains
Calcium Lactate - - -	5, 10 grains
Calcium Sodium Lactate -	7½ grains
Cascara Sagrada - - -	2, 5 grains
Ephedrine Hydrochloride -	¼, ½ grain
Mercurous Chloride (Calomel) -	⅙, ¼, ⅓, ½, 1, 2, 3 grains

Mercury with Chalk	$\frac{1}{6}$, $\frac{1}{4}$, $\frac{1}{3}$, $\frac{1}{2}$, 1, $1\frac{1}{2}$, 2, 3 grains
Phenobarbitone ('Luminal')	$\frac{1}{4}$, $\frac{1}{2}$, 1 grain
Phenolphthalein	$\frac{1}{2}$, 1, 2, 3 grains
Powder of Ipecacuanha and Opium (Dover's Powder)	$\frac{1}{6}$, $\frac{1}{4}$, $\frac{1}{2}$, 1, 2, 3, 5 grains
Quinine Sulphate	1, 2, 5 grains
Salol	5 grains
Thyroid	$\frac{1}{10}$, $\frac{1}{4}$, $\frac{1}{2}$, $\frac{3}{4}$, 1, 2, 3, 4, 5 grains

UNGUENTA (OINTMENTS).

Quoque vide Cremores et Pastæ.

UNGUENTUM ACIDI BORICI.

Boric Acid	10 grammes
Yellow Soft Paraffin to	100 grammes

UNGUENTUM ACIDI SALICYLICI ET ACIDI BENZOICI.

Synonym :—Whitfield's Ointment.

Salicylic Acid	3 grammes
Benzoic Acid	5 grammes
Coconut Oil	25 grammes
Yellow Soft Paraffin to	100 grammes

UNGUENTUM ATROPINÆ.

Atropine	1 gramme
White Soft Paraffin to	100 grammes

UNGUENTUM CHRYSAROBINI.

Chrysarobin	2 grammes
Yellow Soft Paraffin to	100 grammes

UNGUENTUM CHRYSAROBINI FORTIUS.

Chrysarobin	5 grammes
Yellow Soft Paraffin to	100 grammes

UNGUENTUM EUCALYPTI.

Oil of Eucalyptus	10 millilitres
Yellow Soft Paraffin to	100 grammes

UNGUENTUM EUCALYPTI DILUTUM.

Oil of Eucalyptus	5 millilitres
Yellow Soft Paraffin to	100 grammes

UNGUENTUM HYDRARGYRI AMMONIATI.

Ammoniated Mercury	5 grammes
Yellow Soft Paraffin to	100 grammes

UNGUENTUM HYDRARGYRI AMMONIATI DILUTUM.

Ammoniated Mercury	1 gramme
Yellow Soft Paraffin to	100 grammes

UNGUENTUM HYDRARGYRI NITRATIS DILUTUM.

Strong Ointment of Mercuric Nitrate B.P.	20 grammes
Yellow Soft Paraffin to	100 grammes

UNGUENTUM HYDRARGYRI OXIDI FLAVI.

Yellow Mercuric Oxide	1 gramme
Yellow Soft Paraffin to	100 grammes

UNGUENTUM HYDRARGYRI OXIDI FLAVI ET ATROPINÆ.

Yellow Mercuric Oxide	1 gramme
Atropine	1 gramme
Hydrous Wool Fat	25 grammes
Yellow Soft Paraffin to	100 grammes

UNGUENTUM PERUVIANUM.

Balsam of Peru	10 grammes
Yellow Soft Paraffin to	100 grammes

UNGUENTUM PICIS CARBONIS.

Solution of Coal Tar	10 millilitres
Yellow Soft Paraffin to	100 grammes

UNGUENTUM SULPHURIS.

Sublimed Sulphur	10 grammes
Yellow Soft Paraffin to	100 grammes

UNGUENTUM SULPHURIS ET ACIDI SALICYLICI.

Sublimed Sulphur	2 grammes
Salicylic Acid	2 grammes
Yellow Soft Paraffin to	100 grammes

UNGUENTUM ZINCI.

Zinc Oxide	15 grammes
Yellow Soft Paraffin to	100 grammes

UNGUENTUM ZINCI ET EUCALYPTI.

Zinc Oxide	7 grammes
Oil of Eucalyptus	5 millilitres
Yellow Soft Paraffin to	100 grammes

UNGUENTUM ZINCI ET OLEI RICINI.

Zinc Ointment	50 grammes
Castor Oil	50 grammes

UNGUENTUM ZINCI ET TINCTURÆ BENZOINI COMPOSITÆ.

Compound Tincture of Benzoin	2 millilitres
Zinc Oxide	15 grammes
Yellow Soft Paraffin to	100 grammes

VAPORES (INHALATIONS).

VAPOR BENZOINI.

Compound Tincture of Benzoin	1 fl. drachm

To be added to a pint of boiling water and the steam inhaled.

VAPOR MENTHOL.

Menthol	1 grain (approx. 3-4 crystals)

To be added to a pint of boiling water and the steam inhaled.

APPENDIX I.

RADIOGRAPHIC EXAMINATIONS.

A.—Opaque Meals.

1. Glycerin of Bismuth Carbonate B.P.C.

Dose by mouth :—

Under 3 weeks old	1½ fl. drachms.
2 months old	2 fl. drachms.
6 months old	3 fl. drachms.

2.

Barium Sulphate	8 drachms.
Mucilage of Tragacanth	4 fl. drachms.
Glycerin	4 fl. drachms.
Water to	3 fl. ounces.

Dose by mouth :—

1 year old	1 fl. ounce.
7 years old	4 fl. ounces.
14 years old	9 fl. ounces.

B.—Barium Enemas. (Same Barium Sulphate formula as above without Glycerin.)

3 years old	8 fl. ounces.
7 years old	10 fl. ounces.
14 years old	1 pint.

C.—Solution of Sodium Iodide (freshly sterilized) for Pyelographic Examination.

Sodium Iodide	13·5 grammes
Distilled Water to	100 millilitres

D.—Intravenous Pyelography.

Dose of Uroselectan B : 1½ cc. intravenously for each year of age can be safely given. It should be warmed and introduced slowly into the vein. The first radiograph should be taken within 2 minutes of giving the drug, and subsequent ones at, say, 6, 10, 20, 30 minutes, and thereafter at 10 minute intervals till excretion is complete.

Contra-indications: Any severe defect in renal function.

Preparation of Patient: If the patient is well enough, he should be up before the test is done as there is then less likelihood of the presence of excessive gas in the bowel. Fluids should, when possible, be restricted for, say, six hours preceding the examination. The bladder should be emptied immediately before the drug is injected.

APPENDIX II.

PATHOLOGICAL INVESTIGATIONS.

GENERAL RULES FOR SENDING OF SPECIMENS.

1. A diagnosis, or failing that, information as to the nature of the case or the purpose of the test should accompany all requests for pathological investigation.

2. Specimens should be sent as soon as obtained, and preferably during the Pathologist's visits.

3. Specimens for histological examination should be put immediately into 10 per cent. formalin in saline, and labelled. If, however, culture or animal inoculation is required, the material should be put into a sterile receptacle and sent immediately to the Laboratory.

4. Dry sterile syringes and needles should be used for collection of material. Sterilization by alcohol and ether should be avoided.

5. Material for culture should be put in the incubator; fluids, exudates, etc., in the ice chest.

Cerebro-spinal fluid, urine and other fluids :—After culture has been made, the remainder should be kept in the ice chest until the examination can be completed, or alternatively one test tube of the fluid should be put in the incubator and another in the ice chest.

Scrapings and exudates :—Two films should be sent, unless culture is definitely indicated, in which case the Pathologist will arrange to do the culture personally, or will send media suitable to the organisms to the wards.

Blood cultures :—2 cc. of blood should be put into each of two large broth tubes.

These cultures are preferably undertaken by the Pathologist.

6. The quantity of blood required for the more common biochemical and serological examinations is noted below.

Blood examinations.	Amount of blood required.	Anti-coagulant.
i. Blood sugar	0·5 cc.	Fluoride
ii. ,, urea	0·5 cc.	Oxalate
iii. ,, non-protein nitrogen	0·5 cc.	,,
iv. ,, chlorides	0·5–1 cc.	,,
v. ,, cholesterol	4·0 cc.	,,
vi. ,, phosphates	4·0 cc.	None
vii. ,, calcium	4·0 cc.	,,
viii. Widal test	1·0 cc.	,,
ix. Wassermann reaction	1·0–2·0 cc.	,,
x. Blood grouping	1·0 cc.	,,

Specimens of blood with anticoagulant stored on ice are stable for at least 24 hours. In most cases blood serum can be used instead of whole blood. Where there is difficulty in obtaining sufficient blood, as in the case of very small children, examination of fluid removed by lumbar puncture is a very good alternative for many of the chemical tests.

WARD TECHNIQUE FOR SPECIAL TESTS.

Urea Concentration Test.

The dose of urea in grammes should be equivalent to the number of years of age, with a minimum of 3 and a maximum of 15 grammes.

HAUSTUS UREÆ.

Urea	15	grammes (225 grains approx.).
Syrup of Orange	4	millilitres (64 minims approx.).
Water to ...	100	millilitres (3½ fl. ounces approx.).

i. No fluids should be given for 12 hours before test.

ii. The bladder should be emptied before the test.

iii. The dose of urea is then to be given, and the urine collected hourly for 3 hours, or, in the case of a very young child or a baby the urine is collected into a special receiver which is changed at the end of each hour for 3 hours. All three specimens to be sent to the Laboratory immediately obtained.

Urea Clearance Test.

i. The child should fast overnight.

ii. The bladder should be emptied.

iii. Collect a specimen of urine and of blood at the end of one hour, and send both to the Laboratory immediately.

Dextrose and Lævulose Tolerance Test.

The dose of dextrose and/or lævulose in grammes can be obtained from the formula :

$$50 \times \left\{\frac{\text{Weight in lbs.}}{140}\right\}^{\frac{2}{3}}$$

Weight of Child.	Dose of Sugar.	Weight of Child.	Dose ot Sugar.
20 lbs.	14 gms.	60 lbs.	28 gms.
25 lbs.	16 gms.	65 lbs.	30 gms.
30 lbs.	18 gms.	70 lbs.	31 gms.
35 lbs.	20 gms.	75 lbs.	33·5 gms.
40 lbs.	22 gms.	80 lbs.	34 gms.
45 lbs.	23·5 gms.	90 lbs.	37 gms.
50 lbs.	25 gms.	100 lbs.	40 gms.
55 lbs.	27 gms.	140 lbs.	50 gms.

Haustus Dextrosi.

Dextrose - -	25 grammes (375 grains approx.).
Tincture of Orange	2 millilitres (32 minims approx.).
Water to - -	100 millilitres (3½ fl. ounces approx.).

No food should be given for 15 hours before the dextrose tolerance test, but a light breakfast may be given four hours before the lævulose tolerance test.

APPENDIX III.

INFECTIOUS DISEASES : INCUBATION PERIODS & QUARANTINE.

Disease.	Incubation in days. First figures give usual period.	Time for which patient is to be regarded as infectious.	Quarantine for contacts.*
Catarrhal jaundice	4–10	For 1 week after onset of jaundice	*10 days
Chicken pox	14–17 (10–23)	10 days	21 days
Diphtheria	2–5	Till convalescent, free from discharges, and till two consecutive nasal and throat cultures are negative.	7 days
Dysentery	1–11	Till 1 week after stools and temperature are normal, provided two consecutive stool cultures are negative.	*14 days
Erysipelas	1–3	Till all clinical evidence of infection has gone	7 days
German measles	15–18 (10–21)	Till rash has faded	21 days
Glandular fever	5–12 (5–21)	14 days	*14 days
Influenza	1–4	Till temperature normal and patient free from discharges.	7 days
Measles	10–14 (7–21) till onset 14–18 till rash.	Till 12 days after appearance of rash, if patient free from discharges.	21 days
Meningococcal infection	2–10	Till 1 week after temperature normal and all clinical evidence of infection gone.	*10 days
Mumps	17–19 (12–28)	Till 1 week after all swellings have subsided	28 days
Scarlet fever	2–3 (1–8)	25 days if patient free from discharges	10 days
Small pox	12 till onset (10–14)	Till all scabs off	16 days
Typhoid and para-typhoid	8–14 (2–23)	Till temperature is normal and three consecutive negative stool and urine cultures are obtained.	21 days
Poliomyelitis	3–10	21 days	*14 days
Whooping cough	7–14 (longer till whoop)	4 weeks from onset of whoop	21 days

* These figures, which are arbitrary, have been adopted for the guidance of resident medical officers at the Hospital.

WARD INFECTIONS.

If a single case of any of the common infectious diseases occurs in a ward it is not necessary to close the ward. Certain infectious diseases, for example catarrhal jaundice, glandular fever, poliomyelitis or meningococcal infections can be safely isolated in the ward. Cases of most of the infectious fevers should be removed as soon as diagnosed from the ward either to an infectious diseases hospital or to an isolation ward or home, according to circumstances; and the articles which the child has used or been in contact with should be cleaned, sterilized or if necessary burnt.

In the case of diphtheria, measles or scarlet fever any measures possible for the immunisation of susceptible contacts should be taken at once (*see next page*).

In the case of small pox, contacts will require to be vaccinated, and the Resident Medical Officer should consult with the Hon. Staff and Medical Officer of Health.

If four or more cases of any of the common infectious diseases occur it will generally be necessary to cease admitting to the ward and to empty it as and when possible. In that case the Resident Medical Officer should consult with the members of the Hon. Staff concerned. A ward emptied on account of infection should have all beds, lockers and articles used by the patients washed down, bedding stoved, and the ward left with windows open to air for 24 hours. Fumigation is not required.

A notice board should be kept in each ward, showing a record of any infections which have occurred. It should show name of child or nurse, nature of illness, date of first symptoms date of removal from ward and method of disposal of case.

Diphtheria.—If a *clinical* case occurs in a ward, swab all patients and staff (nose and throat). The Schick test should be carried out at the same time. It will reveal the susceptibles. The test is readable on the third day. Those with a positive reaction should receive 1,000 units of concentrated diphtheria antitoxin.

Children with *bacteriological* diphtheria without clinical evidence of the disease should be sent home when possible, the parents and the M.O.H. informed, and arrangements made for the carrying out of the virulence test.

A nurse with bacteriological diphtheria without clinical evidence of the disease should be sent if possible to a fever hospital.

Measles.—5–7 cc. of pooled convalescent measles serum given on or before the third day from first exposure should prevent an attack; up to the 7th day from first exposure it should modify the attack. Pooled adult serum in larger doses can also be used. If serum is available, it should be given to all children who have not had measles as soon as possible after contact, i.e., after the occurrence of the *first* case.

Scarlet Fever.—If a case occurs, carry out the Dick test on all patients in the ward. The Dick test is readable in 12–24 hours. All contacts who show a reaction to this test should be given 5 cc. of concentrated streptococcus antitoxin (scarlatina) if possible within 24 hours of the diagnosis of the *first* case.

APPENDIX IV.

PREPARATION FOR OPERATION.

Bowels.—The child should, if possible, have a daily action of the bowels before operation, but if not constipated no aperient or enema is required.

Food.—A light meal should be given about five hours before operation, followed by 2 drachms of glucose in 2 ounces of water or lemonade three hours, and again one hour before operation.

Atropine should be given by injection not less than thirty minutes nor more than sixty minutes before all general anæsthetics. The dosage for children of approximately normal weight should be as follows :—

New born infant—Atropine sulphate gr. $\frac{1}{600}$ (1 minim injectio atropinæ sulphatis hypodermica).

About 6 months old—Atropine sulphate gr. $\frac{1}{300}$ (2 minims of the injection).

1 to 2 years old—Atropine sulphate gr. $\frac{1}{200}$ (3 minims of the injection).

From 2 to 5 years—Atropine sulphate gr. $\frac{1}{120}$ (5 minims of the injection).

Over 5 years old—Atropine sulphate gr. $\frac{1}{100}$ (6 minims of the injection).

BASAL ANÆSTHETICS.

One of the following should be given whenever practicable. In case of doubt as to whether or not a basal anæsthetic should be given, the honorary anæsthetist concerned should be consulted by telephone. Chloroform as a sequel to any of the following drugs is inadvisable.

Nembutal.—This should not be given to infants, nor to very toxic patients, nor to patients with renal disease. The capsules should be given half an hour before operation and should be pricked before they are swallowed.

Dosage (*oral* administration) for children of average build and in fairly good condition :—

Under	1	year old—not to be given.	
From	2 to 5	years old ...	gr. ½
,,	5 to 8	,, ,, ...	gr. 1
,,	8 to 12	,, ,, ...	gr. 1½
,,	12 to 14	,, ,, ...	gr. 2

Paraldehyde.—The solution should be freshly prepared as follows :—

Paraldehyde... ...	1 fl. drachm.
10 per cent. dextrose in normal saline to	12 fl. drachms.

The dose may be reckoned either as 1 drachm of paraldehyde for each stone of body weight (fractions of a stone to be ignored) or alternatively, as 3 minims of paraldehyde for each pound of body weight.

The solution should be run by gravity into the rectum 45 minutes before operation, administration taking at least 10 minutes.

NOTE.—If the child returns the dose, a second dose must *not* be given.

Avertin.—This should not be given to children under 2 years old, nor in conjunction with morphine or any of its derivatives, nor with any of the barbiturates.

Children usually require 0·1 cc. per kilogram of body weight. It should be made up as a 2½ per cent. solution in distilled water at a temperature between 35° C. and 40° C. The temperature *must not exceed* 40° C. *Immediately* before administration, 1–2 drops of a 1 in 1,000 aqueous Congo red solution are added to 5 cc. of the 2½ per cent. Avertin solution. The resulting colour *must* remain a bright orange red if the solution is to be used. Avertin solution can be left in a thermos flask until administered, but the Congo Red test *must* invariably be applied *immediately* before administration.

Technique:—6–8 hours before operation give a simple enema. ¾ hr. before operation insert a catheter in the rectum and give one-half of the solution made up (i.e., 0·05 cc. per kilogram of body weight), taking 10 minutes over the administration.

Clip the catheter and wait.

If the child is not asleep at the end of 10 minutes, give another quarter of the solution (i.e., another 0·025 cc. per kilogram of body weight).

Again wait 10 minutes, and if the child is still awake, give the remaining quarter of the solution (i.e., a total of 0·1 cc. per kilogram of body weight).

APPENDIX V.

LEAFLETS AVAILABLE FOR PARENTS.

1.—GENERAL MANAGEMENT of INFANTS AND YOUNG CHILDREN.

Sleep.—A healthy infant during the first few weeks sleeps most of the 24 hours except while feeding. Until six months of age the infant should not as a rule have longer waking intervals than 1–3 hours.

At one year old he will probably require 12 hours sleep at night, and 2–3 more during the day; at two years old the same amount at night and 1–2 hours in the day.

Until five years old nearly all children do best with a midday sleep, or at any rate rest, and should be put to bed not later than 6.30 p.m. to 7 p.m.

Babies should sleep by themselves in a cot, *and not with their parents.* If you have not a cot, let the baby sleep in a basket, or even in a drawer or box on the floor, or in the pram. He may be given a hot water bottle if required.

Outdoor Life.—Open-air life and sunlight are just as necessary as sufficient sleep and adequate food. Healthy infants from a few days old should *be put out daily* while it is light, and for as long as possible each day. Only very feeble infants should be kept indoors because of cold winds. Obviously the child must not be allowed to get wet or chilled, but if this is guarded against, there is no objection to his going out on wet days. Have the hood of the pram down whenever possible, so that light and air can reach the baby freely.

If possible arrange for your baby to sleep out of doors during the day in a backyard, or garden, or on a balcony, or roof, or even in the pram in the street, if this is a quiet one. A baby who only goes out when the mother goes shopping will not be out of doors enough. Insufficient outdoor life in winter is the greatest cause of rickets, and children kept indoors lose their health and become pale and irritable.

Bathing.—Every baby, excepting premature or feeble infants, or those with delicate skins (who will need to be cleansed daily with oil) should be washed all over every day with soap and water.

Apply the soap with the hand and use a piece of soft material, which can be boiled, in place of a sponge.

Use curd soap, and after the bath dry the baby quickly and thoroughly, and powder his skin, particularly all creases, with a white dusting powder such as zinc, starch and boric powder or talcum powder. Never put powder on a moist surface, such as in the privates of a little girl, and always rub off any excess of powder so that none cakes in the folds of the baby's skin.

A *daily bath* is greatly to be desired for all young children.

Care of the Mouth.—If the baby is a healthy one his mouth will probably remain clean without any cleansing. If it is noticed that remnants of food remain in the mouth between feeds, the mouth should be gently cleaned out with clean cotton wool or a piece of clean white boiled rag dipped in boric lotion.

Comforters, dirty fingers, or dirty teats going into the mouth are the most frequent cause of thrush in infants.

As soon as the *teeth* are cut they need *daily cleaning*—quite tiny children should be taught the habit of brushing their teeth daily. No biscuit, bread or other starchy food should be given just before the child goes to bed, as such food sticks between the teeth, and so favours the development of decay in the teeth.

Clothing.—Most Welfare Centres will supply patterns of the clothes most suitable for babies. The chief points to be remembered are that :—

(1) Nothing tight or stiff should be put on a baby or young child.

For example, as soon as the cord is off and the navel healed the flannel binder should be left off, and a soft knitted or woven body-belt can be put on if the weather is cold. Stays should never be worn, nor should tapes or elastics surround the child's body.

(2) A really soft woven vest should be worn next to the skin.

(3) A baby or young child should have its legs, buttocks and abdomen well covered unless the weather is sufficiently warm for the child to be almost naked with comfort.

(4) On really hot days the baby will be happiest and most comfortable if he is naked or nearly so.

(5) Waterproof knickers are hot, and uncomfortable, and are apt to cause skin trouble.

Training.—If the baby's hours of feeding and sleeping are regular it may be possible within the first few months of life so to train him that he has very few wet or dirty napkins. He should be held out after each feed to pass water. At the times at which his bowels are noticed to act he should be held out over a little chamber ; one of these times will probably be after the 6 a.m. feed, especially if some orange juice is given at this time.

Undue anxiety should not be shown if a baby does not develop regular and clean habits at an early age.

Never give castor oil, glycerin suppositories or soap sticks for constipation, since these bind the bowels later. Do not give olive oil by mouth for constipation. A little orange juice will often help, and liquid paraffin, or a paraffin emulsion, given three to six times daily and gradually lessened after a regular habit is established, is usually very effectual. It should be remembered that a baby who is getting insufficient food is frequently constipated, and this improves when more food is given.

Napkins.—These should be washed out, boiled with soap, and rinsed thoroughly before being used again. Knight's Primrose soap is a satisfactory one ; do not use soda or any soap containing soda, as these cause redness and soreness of the baby's skin. Sunlight soap and Lifebuoy soap should not be used for this purpose.

Treatment of Minor Ailments and Illnesses.

Never force a child who does not want his food to take it.

Do not give an opening medicine to a sick child without medical advice.

Do not attribute ill-health to teething until a doctor has been consulted.

If you think your child is ill, seek medical advice early.

FEVERISHNESS.—The child must be kept in bed. He will need plenty of water to drink. If he wants solid food he can have it in most illnesses, but if he prefers fluids (e.g., milk and milk foods, broths, fruit juices, etc.) do not try to force solids upon him.

COLDS AND COUGHS.—If your child has a bad cold, sore throat or bronchitis, always keep him strictly in bed to prevent complications. Remember that colds and sore throats are infectious.

LOOSE STOOLS.—A change in the colour of a baby's stools is not generally of much consequence—many young babies have green stools. If, however, a child has a *loose* or *watery* stool, always reduce or stop the food, give plenty of water and seek advice. When food is started again, it should be increased very gradually. Remember that diarrhœa is infectious.

THRUSH.—Clean out the baby's mouth before and perhaps after each feed very gently with a piece of clean boiled rag, using equal parts glycerin of borax and warm water.

SORE BUTTOCKS.—Clean the buttocks with olive oil (not soap and water) and apply zinc ointment. Remember the necessity of keeping the baby's buttocks as clean and dry as possible. Sore buttocks may be due to errors in feeding.

2.—BREAST FEEDING.

Every baby should be weighed and examined by a doctor at regular intervals, therefore when your baby is not attending the Hospital or your own doctor, you should take him regularly at least once a month, or more often if necessary, to a Welfare Centre.

Breast feeding is to be preferred to bottle feeding whenever it is possible, because :

(1) Breast milk being the natural food for infants is more easily digested than any other

food, and consequently breast-fed babies are often healthier. Moreover, the feed is always in the right proportion and at the right temperature.

(2) The risk of diarrhœa, tuberculosis and other diseases is much greater for the bottle-fed baby than for the breast-fed.

(3) If a baby has an illness the outlook is better if he is breast-fed.

(4) Breast feeding costs less in time and money than bottle feeding.

(5) The intimate contact between mother and baby in breast feeding is enjoyed by both.

The ability to breast-feed depends to a great extent on the mother's health, on her not being worried, and on her wish to feed the baby. Therefore she should do all she can to look after her own health by such means as the following :

(1) Leading a regular life with regular meals, and doing all she can to secure sufficient rest for herself, especially before the baby is born, and in the early weeks of his life.

(2) Getting out daily, and keeping her rooms well ventilated, with the windows wide open at night.

(3) Getting her teeth attended to before the baby is born, and getting treatment early if her health is not satisfactory.

(4) Keeping her bowels regular. Liquid paraffin or senna tea made from senna pods, taken by the mother, will not upset the baby.

(5) Trying to keep herself from worrying.

The mother's diet should include, if possible, meat or fish daily at dinner, several eggs in the week, a pint of milk daily and fruit and vegetables daily.

Care of the Breasts.—If the nipples are small or drawn in, every effort should be made by daily manipulation to get them to stand out better before the baby is born. Daily treatment of the nipples with lanolin or some similar substance is desirable before the confinement. While nursing, the mother should thoroughly wash the breasts daily with soap and water, and should never let milk dry on the nipple. It is desirable to cleanse the nipple before and after each feed with a clean damp cloth.

Do not attempt to harden the nipples with spirit, eau de Cologne or glycerin.

Feeding the Baby during the First Week.—The healthy baby of average weight should be put to the breast either three-hourly or four-hourly during the day from the first day of life. He should have *no night feeds,* as it is very easy to train him to sleep throughout the night if the habit of night feeding is never established.

The flow of milk is not generally established until about the third day, but the early milk is of much value to the baby, and the act of sucking helps to stimulate the flow, so that it is important to put him regularly to the breast from the first, beginning with feeds of a few minutes duration on the first day.

Nursing Habits.—If fed three-hourly, put the baby to the breast at 6 a.m., 10 a.m., 1 p.m., 4 p.m., 7 p.m. and 10 p.m., with no night feeds. After 1–2 months of age he should have five feeds in the 24 hours, and can be fed 3½ or 4-hourly, whichever is more convenient to the mother. If fed four-hourly, put him to the breast at 6 a.m., 10 a.m., 2 p.m., 6 p.m. and 10 p.m. The chief reason for giving feeds at four-hourly intervals instead of three-hourly is that it gives the mother more freedom for other things.

The baby should be *fed by the clock and wakened at the proper feeding time if he is asleep*, with the object of establishing regular habits. As to whether the mother should feed her baby on one breast or both at each feed she should enquire from the doctor, but whenever there is insufficient milk in one breast to satisfy him, both should be given. If the milk flow is too rapid, the mother should try to regulate it by putting the two first fingers on the breast, one above and one below the nipple. The baby should spend 10–20 minutes over each meal. After the meal, the mother should hold the child upright against her shoulder to help him to bring up any air he may have swallowed, and should hold him out to pass water. After a feed he should be subjected to no sudden movements or he is likely to be sick.

It is a good plan to accustom the baby to taking water between feeds from an early age—babies need water to drink, especially during the hot weather.

Cod Liver Oil and Iron.—Babies easily develop *rickets* during the winter months, and though breast-fed babies are less liable to rickets than bottle-fed babies, it is wise to give all babies cod liver oil during the winter months. This can easily be given in the form of an emulsion, about half a teaspoonful three times daily. Ask the doctor looking after your baby about this.

Many babies become *anæmic* because the amount of iron in milk is very small. For this reason your doctor will very probably order iron for your baby. Any iron mixture must always be started gradually or it may cause the baby to have loose stools. If started gradually, it is easily taken. Iron causes the stools to be dark, but does not cause constipation.

Babies who are small at birth are especially liable to get rickets and anæmia.

Insufficient Breast Milk.—If you think you have not enough milk to satisfy your baby, you should seek advice. *Never wean a baby for this cause.* Continue to give him the same number of breast feeds and give a small bottle feed immediately after one or more of the breast feeds, but as to the nature and amount of the bottle feed it is essential to get a doctor's advice.

Method of Increasing the Flow of Breast Milk.

(1) Put the baby regularly to the breast.

(2) If the baby does not suck well, *empty the breast by hand.* You can get instructions as to how to do this at a Welfare Centre, or at the Hospital. A breast that is completely emptied is more likely to produce a good supply of milk than one that is only partially emptied.

(3) Do all you can to ensure sufficient rest for yourself, and try to get help with the heavy house-work.

(4) Try to lie down for half an hour before feeding baby, if tired, and get on to your bed or a couch with your feet up while giving the feed.

(5) Take plenty of fluids yourself—say 2–3 pints daily—especially *water*, also milk, gruel, broth, etc. Alcohol is unnecessary and undesirable.

The Mother's Periods.—The fact that the mother's courses begin again is not a reason for weaning a baby. It sometimes happens that during the first day of her courses the baby is fretful and passes a greenish stool, but he is generally all right again by the second day.

Pregnancy.—If pregnancy occurs while the baby is at the breast the mother should get the advice of a doctor about weaning the baby.

Weaning.—A baby should usually be weaned between 6 and 8 months old. He should not be weaned under this age, except by a doctor's advice. Nor should he be given any other food than breast milk until this age. It is a good plan to give him a hard crust to bite at occasionally from 6 months old. Weaning from the breast should never be done in less than two or, preferably, three or four weeks, except under doctor's orders, since nearly all other foods are more difficult to digest than human milk, and babies are very apt to be upset by sudden weaning. Get advice from the Welfare Centre as to how to wean the baby, or from the Hospital if you are attending there.

3.—ARTIFICIAL FEEDING OF INFANTS.

Every baby should be weighed and examined by a doctor at regular intervals. Therefore, when your baby is not attending the Hospital or your own doctor you should take him regularly at least once a month, and more often if necessary, to a Welfare Centre.

Times and Routine of Feeding.—The baby should be *fed regularly by the clock, and, if asleep, should be wakened* when his feed is due. If this is done he will very quickly form regular habits, which are of great importance to his well being, and which save the mother much trouble. Unless otherwise directed by the doctor, give no night feeds, and give at first either six feeds in the day, say at 6 a.m., 10 a.m., 1 p.m., 4 p.m., 7 p.m., and 10 p.m., or five feeds in the day at 6 a.m., 10 a.m., 2 p.m., 6 p.m., and 10 p.m. After one to two months old baby should have five feeds in the day, either at 3½ hour or at 4 hour intervals, whichever is more convenient to the mother. It is much better both for the baby's digestion and for the mother's rest to train the baby not to expect a night feed. The baby should spend 10–20 minutes over each feed, and should not be allowed to suck in air through the teat. After the feed, hold the baby up against your shoulder to allow him to bring up wind, and hold him out to pass water. He should not be subjected to any sudden movements soon after he is fed or he is likely to vomit.

Temperature of Feed.—The baby may refuse a feed either because it is too hot or because it is too cold. You should test the temperature of the bottle against your bare arm.

Size of Hole in Teat.—This should be such that if the bottle is held upside down, the fluid will come out a drop at a time, about one drop in 1-3 seconds. A feeble baby requires a bigger hole than a strong one.

Milk that is Left Over.—If a baby will not finish his feed, make a note of how much he has taken and throw away the rest. Do not give the same bottle feed re-warmed later, as this may cause diarrhœa. Never force a baby to take a feed if he does not want it.

The Utensils Used for the Feeds.—The bottle must be thoroughly washed out first with cold water and then with hot water after each feed, and must be scalded at least once a day. Any jug or other vessel used for mixing the feeds must be treated in the same way. The teat must be rinsed thoroughly with cold water after each feed, and boiled once in 24 hours. It should be kept in a cup of water.

Dried Milk.—This can be obtained from a chemist or from your Welfare Centre. Dried milk must be freshly mixed for each feed, nearly boiling water being used to make it up. Dried milk is generally to be preferred to dairy milk for babies.

Cows' Milk.—The best fresh milk to get is either "Certified milk" or "Grade A tuberculin tested milk," as these are really clean milks. All milk must be brought to the boil before use. Where possible milk should be obtained fresh twice daily. Mix the feeds as directed by the doctor, and then bring the milk to the boil by placing the jug containing the mixture in a saucepan of water and boiling the water for at least ten minutes. Then cover the top of the jug with two thicknesses of muslin and put in as cool a place as possible.

Sugar.—Unless otherwise directed use ordinary white castor sugar.

Measuring the Feed.—Since spoons vary greatly in size, it is better to use more exact measures whenever possible for the baby's feeds. Glass, china or enamel measures can be obtained for measuring out milk or water in ounces; failing these, water can be measured in a graduated medicine bottle or the baby's feeding bottle. For dried milk the various makers supply metal measures, and you should always obtain one of these. Special measures are required for special kinds of dried milk as the milk powder varies considerably in bulk. For sugar use a fairly large teaspoon, since there is no convenient measure made for this.

The Nature and Amount of the Feed.—This must in every case be ordered by the doctor for the baby. It is impossible to give any general directions.

Fruit Juice should be given daily to every bottle-fed baby to prevent scurvy. When oranges are not too expensive give one or more teaspoonfuls of orange juice daily, either in the bottle or with a little water. Raw tomato juice and swede juice (obtained by wringing out grated swede in a clean cloth) are also very good and can be given in the same way. Grape juice is much less valuable, but can be used if neither oranges nor tomatoes are available. Orange juice is also useful to secure a regular action of the bowels.

Cod Liver Oil should be given to every bottle-fed baby daily through the winter and spring to prevent rickets. It is particularly important to give it to babies who are small at birth, because they are especially liable to rickets. If it is not already being given in the form of a special " cream " ordered by the doctor, it can usually be most easily given in the form of an emulsion three times a day in the bottle. Never give the full dose at first. Begin it gradually, a few drops at a time, until the baby is accustomed to it. Almost all babies will take it without difficulty if it is begun thus. If a half-teaspoonful or more is given to begin with, he may vomit.

Iron.—Most bottle-fed babies become anæmic unless they are given iron, because there is very little iron in milk. Babies who are small at birth are particularly liable to become anæmic. The doctor will therefore very probably order iron for your baby. Iron mixtures must always be started gradually, or else the baby may get loose stools. If started gradually, iron is easily taken. It causes the stools to be dark. It does not cause constipation.

Water should be given to babies between their meals, especially in hot weather.

Other Food.—After the baby is six months old it is a good plan to give a crust occasionally for him to gnaw, but no food other than the bottle feeds should be given until after the baby is six months old. Instructions concerning weaning should be obtained from your Welfare Centre or from the Hospital if you are attending there.

4.—HOW TO START A BABY ON MIXED FOOD.

WEANING A BREAST FED BABY.

A baby should usually be weaned from the breast when 6–8 months old, and until six months old should, if possible, be given no food other than breast milk. Water should be given from early infancy, and from six months onwards a bone or crust may be given to the baby to bite at.

The process of weaning *should usually take 3—4 weeks ;* if it is completed in less than a fortnight the baby is very likely to be upset. If you are not already feeding the baby five times a day only, start doing so before beginning to wean. In the next four weeks while weaning reduce the number of meals to four, and alter the times of feeding so that the baby has his first meal about 8 a.m., and the last about 6 p.m.

Weaning should be done in steps, as follows :

(1) Before one of the five breast feeds, give the baby, from a cup or with a spoon, a small feed of dried milk, sugar and water, say two ounces in all. On subsequent days increase this until in a few days' time you have replaced one breast feed by a feed consisting of :

Dried milk, 5 measures ; sugar, 1½ teaspoonfuls ; and water, 6 ozs.

Dried milk is generally preferable to dairy milk, especially if you have difficulty in keeping the dairy milk clean and cool in your room.

The cleanest *dairy milk* at a reasonable price is " Grade A tuberculin-tested " milk. Do not buy " nursery " milk or " sterilized " milk ; the first is often too rich in fat or may be ordinary milk with a fancy name ; the second is too stale to be satisfactory. Dairy milk should always be boiled.

(2) As soon as the baby is taking one complete feed of dried milk satisfactorily, start a second one. This can be slightly thickened by boiling it up with a little cereal, for example corn flour or groats, or flavoured with a little cocoa or given with a rusk, etc.

(3) Meanwhile begin to give at the mid-day or other meals such food as a little bread-crumbs and gravy (only a few teaspoonfuls at first), or rusk, or half the yolk of an egg with breadcrumbs, or egg and milk custard, or milk pudding (such as ground rice or flaked rice), or bread and milk. Gradually replace the milk feed at mid-day with solid food.

Give only one new thing in a day, and that in a very small quantity until the baby is accustomed to it.

The baby should have some fruit daily, such as orange juice, the pulp of orange or tomato, a little ripe banana or baked apple, or stewed prunes. As soon as he has enough teeth, he can have some raw apple.

Encourage the baby to use his jaws by giving him things that need biting, such as rusk, bread and butter, crusts, etc.

Within four weeks of starting weaning, the mid-day meal can consist of two courses: e.g., a whole egg or a little fish and bread-crumbs, followed by stewed or raw fruit and milk or milk pudding, and a drink of water.

A baby when completely weaned should be having *four meals* daily. He should receive in a week 1 to 1¼ lbs. of *dried milk*, including that given in milk puddings, custard, etc. (or 1 to 1¼ pints of boiled dairy milk daily), three to seven *eggs*, and *fish* two or three times in the week. Home-made soups and broths are much to be preferred to such preparations as Bovril or Oxo. *Fruit* should be given daily. Small amounts of *vegetables* such as potato, cauliflower, cabbage, sprouts, carrot or vegetable marrow can also be given.

Meat, finely minced at first, should be started when the baby is 9–12 months old.

HOW TO START A BOTTLE-FED BABY ON SOLID FOOD.

When the baby is 6–8 months old, one of the feeds can be slightly thickened with cornflour or groats, after which the steps are much the same as in the case of breast-fed infants. As the baby learns to take other food the milk should be gradually cut down to about 1 to 1¼ lbs. of dried milk in the week (or 1 to 1¼ pints of dairy milk in the day). If a baby has much more milk than this he will not be hungry enough to take the other foods that it is desirable that he should have.

SUGGESTED ARRANGEMENT OF BABY'S MEALS WHEN HE HAS BEEN WEANED.

NOTE.—**Fruit** should be given daily and can be given at any meal.

8 a.m. Breakfast.

Dried milk, 5 measures } with or without
Water 5 oz. } cereal, cocoa, etc.
Bread, or toast, or rusk.
Butter, dripping, jam or syrup.
Perhaps egg or a little fish.

10.30 a.m. Lunch.

Dried milk, 4 measures.
Water 4 oz.

1.30 p.m. Dinner.

Egg, or fish, or broth or meat.

Breadcrumbs or a little potato or other vegetable.

Milk pudding, or fruit and milk, or rusk and milk.

6 p.m. Tea.

Dried milk, 6 measures.
Water 6 oz.

Bread and butter, or toast and butter, or sponge cake or biscuit.

Perhaps egg.

5.—THE FEEDING OF CHILDREN AGED ONE YEAR AND UPWARDS.

GENERAL DIRECTIONS.

Since regularity is of great importance for the health and well-being of a child, the hours of meals should be the same every day, but the meals themselves should be varied so as to prevent monotony.

No food should be given between meal times—a point of particular importance in the case of children with poor appetites. *Never* *force a child to take its food,* and remember that daily coaxing with food almost invariably results in poor appetite. A poor appetite is nearly always best treated by allowing the child to eat as little as he wants.

Children should be taught from an early age to sit quietly at the table, and should not be allowed to bolt their food as this is a frequent cause of indigestion. Half to one hour's rest before the mid-day meal is advisable for tiny children.

If any sweets are given this should only be at the end of a meal.

The child should be given plenty of cold water to drink.

Any new article introduced into the dietary of a young child should be given in small quantity at first until the child has learnt to digest it.

Number of Meals.—It is best to give either *three or four meals daily.* These can be arranged as breakfast, dinner and tea, and if there are more than four hours between breakfast and dinner, give a drink of milk—say about 10.30 a.m. A large meal should not be given immediately before bed-time. The child should be put to bed at 6—7 p.m., until 7 years old ; and by 8 p.m. until after 12 years old. The teeth should be cleaned after the last meal.

Milk.—The allowance of milk (including that given in or with cocoa, groats, porridge, custards, milk puddings, etc.) should be about 1 *pint daily of cow's milk, or* 1 *lb. weekly of dried milk.* Cow's milk should not be given unboiled. " Grade A tuberculin tested milk " is a clean milk and consequently to be recommended. Remember milk is a valuable food for older children as well as for babies, and is relatively cheap.

Eggs, Fish and Meat.—From 12 months old upwards a child should receive *daily*, and when possible at two meals in the day, *either egg, fish or meat.* When eggs are not too expensive, 3 or 4 should be given in the week. When a child is first given fish or meat, this should be boned, finely minced, and given in small quantity until the child has learnt to digest it.

Starchy Foods.—Such foods as meat, fish, eggs and milk contain substances necessary for growth and to make up for waste in the body. Remember that these foods cannot be replaced by starchy foods (potato, bread, biscuits, buns, rice, etc.), though starchy foods in proper quantity have also their value. If an excessive amount of starchy food is given the child is very likely to develop a large abdomen.

Fruit.—If possible some fresh *uncooked ripe fruit should be given daily*, for example—the pulp (no skins or seeds for young children) of orange or tomato, bananas, apples, pears or grape fruit. Young children are easily upset by a large amount of any unaccustomed fruit, by unripe fruit, and also by the seeds or skins of such fruit as currants, gooseberries, plums, blackberries, raspberries, tomatoes. Stewed fruit (the pulp of apples, prunes, plums, apricots, etc.), is very good, but does not wholly replace fresh, uncooked fruit.

Vegetables.—Vegetables given to young children should be well cooked (preferably steamed) and soft, as young children are apt to be upset by the stringy portions of vegetables. Peas or beans (if they are given) should be mashed, as the skins of these two vegetables are difficult for young children to digest unless thoroughly broken up by mashing.

ARRANGEMENT OF MEALS.

Breakfast.

Milk or cocoa made with milk, or other milk food.

Porridge, " Force," or egg or bacon, or fish.

Bread, toast or rusk with butter or beef dripping or treacle or honey.

Fresh fruit may be given at this or any other meal.

Dinner.

Fish or meat or egg or broth.

Potato (in small quantity for young children), or other vegetables.

Pudding, or stewed fruit with custard, or sponge finger or baked apple. Water to drink.

Tea.

Milk or cocoa made with milk, or other milk food.

Perhaps egg or fish.

Bread or toast or rusk and perhaps a little cake.

Butter or dripping, jam or treacle.

(Strong tea should never be given to young children).

SUGGESTIONS FOR DINNER.

Meat, Fish or Egg.

Roast or stewed mutton, beef, veal, or rabbit.

Stewed livers, Irish stew, shepherd's pie, tripe, brains, sweetbread, minced meat, meat rissoles, or (for children over 5 years old) meat pudding.

Boiled or steamed or fried fish, fish stewed in milk, fish cakes, fish roe.

Fat fish, such as herring and mackerel, are excellent for older children.

Eggs, lightly boiled, poached, scrambled or as an omelette, or beaten up in milk or put into soup.

Soup (potato, lentil, pea, artichoke, tomato) or broth.

Vegetables.—Potatoes, steamed, boiled or baked (new potatoes are indigestible), cauliflower, Brussels sprouts, young cabbage, carrots, turnips, lentil purée, spinach, Jerusalem artichokes.

Puddings.

Milk puddings, such as tapioca, rice (ground, flaked or whole grain), sago, cornflour, baked or boiled custard, chocolate or plain mould, bread and butter pudding.

Sponge pudding, batter pudding, suet pudding —the last mentioned only after two years of age.

Sponge cake with custard, or milk, or jam, or fruit juice.

Custard or milk with stewed fruit or jelly.

Note.—A simple cookery book, price 4d., can be obtained at the refreshment stall in the Hospital Out-Patient hall.

6.—DIARRHŒA IN INFANTS AND YOUNG CHILDREN.

If your infant gets diarrhœa you should consult a doctor as soon as possible.

Diarrhœa is particularly apt to occur in babies during the hot months of the year, though it may occur at any season. It causes the deaths of hundreds of infants, and therefore must always be regarded as serious.

It is very much more likely to occur in artificially fed children than in those that are breast fed, *consequently it is not advisable to wean young babies in hot weather* if it can be avoided.

A.—PREVENTION OF DIARRHŒA.

Diarrhœa is to a great extent preventible by:

(a) *Observing strict cleanliness* in all respects, for example, preventing the exposure of milk or food to dust or flies, keeping all vessels used for food absolutely clean, avoiding the use of comforters, keeping the baby's hands as clean as possible.

(b) *Avoiding any sudden change in the food*, except with a doctor's advice. Advice on feeding should always be obtained from a Welfare Centre, or in the case of an ailing child from the Hospital or from your own doctor.

(c) For older children, avoiding all those things which you know to be difficult to digest.

(d) Avoiding chill to the legs and buttocks by keeping these well covered, except in hot weather, when few clothes should be worn.

(e) Keeping the baby away from other children or adults who are suffering from diarrhœa.

Dried Milk.—If it is difficult to keep cow's milk satisfactorily clean and cool in your home, it is wise always to use for infants and young children a dried milk powder rather than dairy milk, especially in hot weather. Each dried milk feed should be made up, at the time that it is required, with nearly boiling water. You can obtain dried milk from your Welfare Centre.

Cow's Milk.—The cleanest dairy milk at a reasonable price is that sold under the name of "Grade A tuberculin-tested milk." All dairy milk needs to be boiled before use to kill microbes which it contains, lest these should cause diarrhœa or other illness in the child. Do not use so-called " nursery milk " or " sterilized milk."

1. Obtain milk twice daily, fresh.

2. Fetch and keep baby's milk separate in a jug previously well washed and scalded with boiling water.

3. As soon as the milk comes mix the feeds and place the jug containing the milk in a saucepan of water and boil the water for ten minutes.

4. Cover the jug with a double layer of clean muslin to protect from dust and flies, let it cool quickly, and then stand it in a basin of cold water in as cool a place as possible.

Milk which is not quite clean is a frequent cause of diarrhœa in babies.

Feeding Utensils.—The bottle and any spoon or jug used for mixing or measuring the food must be kept absolutely clean. The bottle should be washed first with cold water and then with hot water after each feed, and *scalded at least once daily*. The teat must be thoroughly rinsed after each feed and *boiled once daily*. Neither the spoon used for the food nor the teat must be put into the mother's mouth before being used for the baby, as the mother's mouth always contains very many microbes which may be harmful to the infant.

Care of the Mother's Nipples and Hands.—If the baby is breast fed the mother's nipples should be kept clean and free from all dried milk, as microbes may develop in large numbers in such dried milk. The breasts must be thoroughly washed at least once in 24 hours with soap and water, and it is desirable to cleanse the nipples before and after each feed with a clean damp cloth.

If the baby is artificially fed the mother should wash her hands thoroughly before preparing the baby's feeds.

General Sanitary Measures.—As flies are a constant source of contamination of food, including milk, means should be adopted to destroy flies, and prevent their breeding. Therefore the whole of the premises, including the yard, should be kept clean. The sinks, drains, and yard gutters should be flushed daily with water. House and other refuse should not be kept on the premises longer than necessary.

The presence of offensive smells, accumulation of refuse, or any insanitary condition, should be immediately reported to the Sanitary Authorities at the Town Hall.

B.—TREATMENT OF A CASE OF DIARRHŒA IN THE HOME.

In every case of diarrhœa:

1. Cut down the quantity of food.

2. Stop any emulsion, iron mixture, or fruit juice the child is having.

3. Give liberal amounts of water. Babies usually take this best when given at about the same temperature as that at which the usual feed is given. It is best to give the water without sugar.

4. Keep the legs, buttocks, and abdomen warm.

5. Get a doctor's advice as quickly as possible except in the mildest cases.

6. Wash your hands thoroughly after handling any soiled napkins, as these are a source of infection to others.

If a baby has loose stools *with or without vomiting :*

(1) Stop all food, and give the baby as much water as he will take.

(2) Take him to see a doctor that day if you possibly can. Except in the mildest cases, only water should be given for 12–24 hours, and after that food should be begun again very gradually, following the doctor's advice.

(3) If for any reason you are unable to see a doctor carry on as follows :—

A breast-fed baby : Start with a very short feed, say 5 minutes 3-hourly and gradually lengthen the feed, provided the stools are normal, taking several days to get the baby back on to his full feeds.

A bottle-fed baby : Begin feeding again with such a feed as :—Nestle's condensed milk ½ level teaspoonful and water ½ oz., or one "tablespoonful." (Measure the water by the graduations on a medicine bottle or feeding bottle, or with a medicine glass, not with a spoon). Increase the feed by half a teaspoonful of condensed milk at a time until at the end of 48 hours or longer the baby is having :—Condensed milk 2 level teaspoonfuls and water to 2 oz., and so *gradually* return to the baby's ordinary-sized feed, providing the motions are satisfactory and all vomiting has ceased.

The baby should not be left on sweetened condensed milk for more than a few weeks, as, although it is an easily digested food, it is unsuitable for prolonged use. You must get advice as to how to get the baby back on to a dried milk feed.

If a child on mixed feeding *has diarrhœa with or without vomiting,* cut down the food until the diarrhœa has ceased, and then *gradually* increase to his ordinary feeds. Give him as much water as he wants. For example, if the diarrhœa is slight give fluids only (milk, broth, thin cornflour and milk) until the condition is better, and then increase his food gradually. If the diarrhœa is severe, stop all food and give water only until the diarrhœa has ceased, and of course get a doctor's advice.

7.—RICKETS.

Rickets is a disease in which the child's general health is lowered, the bones become softer than normal and often deformed, and the child is more liable to colds and bronchitis and is often pale and flabby. Deformities of the bone, if severe, may persist for life. Rickets is chiefly found in children between 6 months and 2 years old, though sometimes it is found in older children. It usually develops during the winter and spring.

Prevention of Rickets.—Rickets is very largely due to want of sufficient light. The amount of light indoors is very small compared to that out of doors, and if a child is not going out daily, you can be sure he is not getting sufficient light. Another cause of rickets is unsatisfactory feeding, and therefore you should always obtain advice on feeding your baby from your Welfare Centre or the Hospital. Rickets is more likely to develop in a bottle-fed baby than in a breast-fed baby.

To prevent rickets you should make a point of getting your children out of doors as much as you can all through the winter. Sunlight on the skin causes the formation in the baby's body of the vitamin which prevents rickets. This vitamin is also contained in cod liver oil. Cod liver oil, probably in the form of an emulsion, *should be given to all babies during the winter.*

Cod liver oil emulsion must always be begun gradually, only a few drops at a time being given at first; so given, babies will take it easily and well. Older children generally like cod liver oil and malt, which is equally satisfactory.

Treatment of Children with Rickets.—There are two stages of the disease. During the first stage the bones are too soft, and if the child stands, the bones are likely to bend. During the second stage the bones are hard again, though they may still remain bent.

To cure rickets and harden the bones it is necessary to get the child out of doors as much as ever you can, and to get his food satisfactorily adjusted. Either cod liver oil or artificial light treatment will probably be ordered for him at the Hospital or Welfare Centre. If massage is ordered for the child, ask the masseuse to show you some simple rubbing which you can carry out at home besides.

Be sure to continue to attend for advice and treatment until the child is discharged. Bent bones can only grow straight again very slowly, and if the deformity is marked, an operation may be necessary.

8.—DISCHARGING EARS.

Discharge from the ear may become dangerous to life as well as to the hearing of a child. It is important, therefore, that a child with a discharging ear should attend the Hospital or an ear clinic until the doctor says he is quite well.

If at any time he suffers from *earache, headache,* or *shiverings,* do not wait until your regular day of attendance, but bring the child to the Hospital *at once.*

Do not put cotton-wool tightly in the ears.

Follow out the treatment ordered with the utmost care and regularity.

9.—CHILDREN WHO HAVE BEEN TREATED WITH X-RAYS FOR RING-WORM OF THE SCALP.

1. Wash the head every day for a month with Castile soap.

2. Keep the head covered night and day with a washable cotton cap. For outdoors an ordinary hat may be worn over this.

3. Do not let the child scratch the head.

4. After the first fortnight rub the head twice a day with a towel to get the hair out.

5. When discharged as cured the cotton cap may be discarded, old infected hats must *not* be worn.

6. These directions must be most carefully carried out in order to effect a cure.

10.—THE CARE OF CHILDREN'S TEETH.

IMPORTANCE OF GOOD TEETH.

Bad teeth often make eating painful and difficult, and interfere with the child's nutrition and growth, both mental and physical. Even if there is no pain, bad teeth often cause abscesses, ulcerated gums, enlarged glands or foul breath. These conditions may be caused by disease of the first (or baby) teeth just as much as by disease of the second (or permanent) teeth. Also bad baby teeth may cause the permanent teeth to come through in the wrong position. Therefore it is most important to have the teeth frequently attended to by a dentist. Do not wait until they ache!

CARE OF THE TEETH.

Diet.—After the birth of the child, the proper growth of the teeth (which are still being formed) depends largely on correct food. Ask for the leaflets on the diet of infants and young children which are available to mothers in the Out-Patient Department.

Fresh fruit (uncooked), fresh vegetables, milk, butter, meat and crusts, are good for the teeth, whilst soft sticky food, such as bread and jam, cakes, biscuits and sweets cling to the teeth and cause decay. A good plan is to finish the meal, when possible, with fresh fruit, as this tends to clean the teeth and the chewing gives good exercise to the jaws. Stale bread is better than new.

Pain in the Gums during Teething.—Before and during the cutting of teeth, a normal, healthy baby may feel pain or excitement in the gums. This can temporarily disturb health, but can be relieved to some extent if you see that from time to time the baby has something hard to exercise his gums on, for example, a bone or metal spoon.

Cleaning the Teeth.—As soon as teeth begin to appear, a small firm brush should be used at least twice a day (night and morning), and, if possible, after every meal. The brush should be passed briskly over all surfaces of the teeth and gums and then up and down so that the bristles pass *between* the teeth. Precipitated chalk and soap on a moist brush is good and cheap. The mouth should then be rinsed with water. The most important time for cleaning the teeth is *the last thing in the evening* and *no food* of any kind should be taken afterwards. This should be made a habit.

It is also of great importance that each member of the family should have his (or her) own tooth brush, which is never used by anyone else, otherwise disease may be spread from one person to another. Germs are present in every mouth, and though causing no harm to one person may cause considerable harm to another.

When not in use, the tooth brush should be hung up to dry, as this causes the germs on it to die.

As soon as the tooth brush bristles begin to get soft, a new one should be bought. An old, dirty brush will do more harm than good. Brushes may be cleaned by thoroughly washing with soap and water.

Treatment by the Dentist.—Teeth may go wrong in three main ways :—

1. They may decay and, later, ache.
2. The gums may become diseased (i.e., they may bleed).
3. The teeth may come through crooked or in the wrong position, giving an unsightly appearance in later life.

The dentist can usually see these things when they start, before the mother or the child can, and long before the child suffers pain. Decayed teeth, if treated early, can be stopped without pain to the child, but if they are allowed to decay, the dentist can only extract them. Although this is better than leaving bad teeth in the mouth, it may lead to the permanent teeth being overcrowded and therefore more liable to decay.

So, once again, don't wait until they ache! Prevention is far better than cure.

APPENDIX VI.

INFANT FEEDING.

THE CALCULATION OF FEEDS.

A baby's appetite and rate of gain in weight (normal rate under 5 months old is about 6 oz. weekly, 5–12 months old is about 4 oz. weekly), often provide excellent indications as to the amount of food he requires. But every underfed baby does not cry, and crying *may* result from overfeeding as well as from underfeeding. The information below provides some simple data:—

(1) for the calculation of an infant's calorie requirements; and

(2) for the assessment of the feeds he is having.

Calorie requirements per pound body weight in 24 hours.

BABIES OF NORMAL WEIGHT.

Under 5 months old.—50 calories (2½ oz. of breast milk) per lb. body weight.

5–8 months old.—About 50 calories decreasing to, say, 45 calories per lb. body weight.

THIN BABIES.

These may require anything up to about 65 calories per lb. body weight, provided they can digest it.

FAT BABIES.

These require rather less per lb. body weight than babies of normal weight.

PREMATURE BABIES AND SMALL TWINS.

The amount of food given in the early weeks must often be severely limited by the child's powers of digestion, but the amount of *fluid* should if possible be 2½ oz. or more per lb. body weight per day. When the digestive powers are good, premature babies will sometimes take 70 calories or more per lb. body weight per day.

If breast milk is available, a baby weighing, say, 3½ lbs. at birth should be got on to 50 calories per lb. body weight if possible by one week old ; if he is artificially fed, say by 7–10 days old. If in Hospital, such a baby may begin on ½ to 1 drachm feeds, 20–10 feeds in 24 hours (say 25 calories in all) on the first day of life ; if taking well, the feeds should be slowly and steadily increased and the intervals soon lengthened to two hours, with ten feeds in 24 hours, and then to 3 hours—each day giving a steady increase in the total calories. If breast milk is not available, sweetened condensed milk, half cream dried milk with sugar, or peptonised milk with sugar, may be tried (see "Calorie Concentration of Feeds" overleaf).

Example of Calculation of Feed.—A baby weighing 10 lbs. is to be given 50 calories per lb. body weight in 24 hours, or 500 calories in the day. If this feed is made up in the strength of 20 calories per oz. he will require $\frac{500,}{20}$ i.e., 25 oz. per day, or 5 feeds of 5 oz. per feed, or 6 feeds of about 4 oz.

TABLE OF CALORIE VALUES.

(All values approximate only.)

Human milk ..	20 calories per fluid oz. ; 400 calories per pint.
Cow's milk ..	20 calories per fluid oz. ; 400 calories per pint.
Dried milk.	
(a) Full cream ..	20 calories per drachm by weight (60 grains) (1 lb. packet reconstituted is equivalent to about 6 pints).
(b) "Humanised."	Usually about the same as full cream dried milk.

(c) Half cream ...	16 calories per drachm by weight.
Condensed milk.	
(a) Unsweetened	60 calories per fluid oz. (very variable) or 7½ calories per fluid drachm.
(b) Sweetened ...	100 calories per fluid oz. (very variable). 12½ calories per fluid drachm.
Dried whey ..	12 calories per drachm by weight (60 grains).
Sugar	15 calories per drachm by weight (60 grains).
Cereals	12 calories per drachm by weight (60 grains).
Fats and oils ..	30 calories per drachm by weight (60 grains).
Benger's	110 calories per oz. (avoirdupois). 15 calories per drachm by weight (60 grains).
Mead's protein milk	145 calories per oz. (avoirdupois). 20 calories per drachm by weight (60 grains).

CALORIE CONCENTRATION OF FEEDS.

Calculations are much simplified if feeds are so made up that each fluid ounce contains twenty calories. In the table of "Standard Mixtures" given on the next page there is shown the amount of various common foodstuffs which mixed with a given volume of water will provide 20 calories to each fluid ounce. Concentrated feeds often lead to a deficient fluid intake. Dilute feeds of big volume often cause vomiting, and it should be remembered that 20 calories given in two ounces of fluid are *not* more easily digested than 20 calories given in one ounce.

STANDARD MIXTURES.

Containing approximately 20 Calories per Fluid Ounce.

	In-Patient Work.	Out-Patient Work.
Dried milk, full cream	1 drachm by weight	1 level (maker's) measure.
with water to	1 fluid oz.	1 fluid oz. as marked on bottle.
Dried lactic acid milk or humanised milk	1 drachm by weight	1 level (maker's) measure.
with water to	1 fluid oz.	1 fluid oz.
Dried milk, half cream	1¼ drachms by weight	1¼ level measures.
with water to	1 fluid oz.	1 fluid oz.
Condensed milk, unsweetened	1 fluid oz.	1½ level teaspoonfuls (biggish spoon).
with water to	3 fluid oz.	1 fluid oz.
Condensed milk, sweetened	1 fluid oz.	1 level teaspoonful ,, ,,
with water to	5 fluid oz.	1 fluid oz.
Sugar, cane	1⅓ drachms by weight	1½ level teaspoonfuls ,, ,,
with water to	1 fluid oz.	1 fluid oz.
Sugar, lactose	1⅓ drachms by weight	2 level teaspoonfuls ,, ,,
with water to	1 fluid oz.	1 fluid oz.
Whey, dried	1½ drachms by weight	2 level teaspoonfuls ,, ,,
with water to	1 fluid oz.	1 fluid oz.
Benger's food	10 drachms by weight	7 level dessertspoonfuls.
with milk	12 fl. oz. (3 cold + 9 hot)	12 fluid oz.
and water to	20 fluid oz.	20 fluid oz.

Benger's food (alternative)	$\frac{3}{4}$ oz. (avoir.)	4 level dessertspoonfuls.
sugar	$\frac{1}{4}$ oz. (avoir.)	2 level teaspoonfuls.
milk	15 fl. oz. (3 cold+12 hot)	15 fluid oz.
with water to	20 fluid oz.	20 fluid oz.
Dried milk (**full cream**)	1½ oz. (avoir.)	10 level measures.
with cane sugar	1 oz. (avoir.)	8 level teaspoonfuls.
and 33 per cent. fat emulsion	1 fluid oz.	2 level dessertspoonfuls.
and water to	20 fluid oz.	20 fluid oz.
Cow's milk	10 fluid oz.	10 fluid oz.
with cane sugar	1 oz. (avoir.)	8 level teaspoonfuls.
and 33 per cent. fat emulsion	1 fluid oz.	2 level dessertspoonfuls.
and water to	20 fluid oz.	20 fluid oz.

Footnote.—Roller process dried milk should be freshly mixed for each feed.

DOMESTIC MEASURES.

1 level teaspoonful is equivalent to about 1½ to 2 fluid drachms.

1 level dessertspoonful is equivalent to about 4 fluid drachms.

1 level tablespoonful is equivalent to about ¾ to 1 fluid oz.

Note that these are the contents of the spoons by volume, the contents by weight will naturally vary widely according to the substances being measured: e.g., 1 level teaspoonful (large size spoon) of castor sugar is about 1 drachm; of lactose, say ⅔ drachm; of Cow and Gate dried milk, say ⅓ drachm.

Note also that 1 oz. avoir. (437·5 grains) is equivalent to about 7¼ drachms Troy or Apothecary.

SYMPTOMS OF UNDERFEEDING.

Failure to gain weight at the normal rate; usually, but not always, crying and eagerness for food; either small, infrequent stools, or small frequent greenish-brown stools with excess of mucous (often mistaken by the mother for diarrhœa), sometimes vomiting. If breast-fed, in addition to these signs, the infant often turns away from the breast and cries after a short period of sucking.

SYMPTOMS OF OVERFEEDING.

In the breast-fed baby: Usually rapid gain in weight with regurgitation of excess of food after each meal; sometimes evidence of abdominal discomfort, flatulence, failure to gain weight, perhaps diarrhœa, and sore buttocks. Test feeds are often necessary to distinguish underfeeding from overfeeding.

In the artificially fed baby: The same symptoms may occur, but there is considerable risk of a gastro-intestinal upset of greater or less severity.

SCHEME OF FOOD INCREASE FOR A BABY AFTER A RAMMSTEDT OPERATION OR AN OPERATION FOR INTUSSUSCEPTION.

Breast milk should be given whenever possible. If no breast milk is available sweetened condensed milk, peptonised milk and sugar, or half cream dried milk and sugar may be given, this feed being made up in the calorie concentration of 20 calories to each fluid ounce, as shown in the table of " Standard Mixtures."

The rate at which the food intake is increased must in part depend on the condition of the infant, and on how food is tolerated. Extra fluid is essential when the food intake is low.

Begin feeding with expressed breast milk, or one of the mixtures mentioned above, say six hours after the operation.

6	hours	after	operation	...	1 fl. drachm.
7	,,	,,	,,	...	2 ,, drachms.
9	,,	,,	,,	...	3 ,, ,,
11	,,	,,	,,	...	4 ,, ,,
14	,,	,,	,,	...	6 ,, ,,
17	,,	,,	,,	...	6 ,, ,,
20	,,	,,	,,	...	7 ,, ,,
23	,,	,,	,,	...	7 ,, ,,
26	,,	,,	,,	...	1 fl. ounce.

Thereafter feed 3-hourly, 7 feeds in 24 hours.

After feeds of one ounce are reached increase the feed by two drachms at every other feed until the baby is having his full calorie requirements. Subsequently change him to six feeds in the day with no night feeds. If the baby shows reluctance to take or any signs of upset proceed more slowly.

Babies who have been operated on for intussusception, as they are usually older than infants who have had a Rammstedt operation, can generally, if they are progressing well, have their feeds more rapidly increased after the first 48 hours.

The stage at which a breast-fed baby is put back to suck direct from the breast should be determined by the amount of milk in the breasts. If there is ample milk in the mother's breasts the baby should not be allowed to suck from the mother until he is taking nearly his full calorie requirements from the bottle, otherwise a sudden increase in the size of the feed may cause an upset. If the mother's milk supply is small the baby should be put back to the breast as soon as the size of feed approximates to the amount of milk obtainable from the breast.

SCHEME OF FOOD INCREASE FOR A BABY WITH AN ATTACK OF ENTERITIS.

Breast milk should always be given if available. Half cream dried milk, sweetened or unsweetened condensed milk, or dried protein milk may be used, the feed being made up in the strength of twenty calories to each ounce.

Different types of feeding appear to be required in different epidemics of gastro-enteritis.

After 12 to 24 hours on water only, according to the condition and age of the baby, begin feeding. If the infant is young and the attack severe, start with 1–2 drachms. If the baby takes well he may be fed 3-hourly, and the feeds increased by, say, 4 drachms in the course of each 24 hours. The rate of increase may be varied according to the baby's appetite, the condition of the stools, the presence or absence of vomiting, and the age of the baby.

	Volume of feeds.	In 24 hours.		
		Fl. oz.	Calories.	No. of feeds.
1st day	1 drachm, 2 drachms, 3 drachms, 4 drachms, 4 drachms, 4 drachms.	2¼	45	6
2nd day	6 drachms for 3 feeds, followed by 1 fl. ounce for 3 feeds	5¼	105	6
3rd day	1¼ fl. oz. for 3 feeds, followed by 1½ fl. oz. for 3 feeds	8¼	165	6
4th day	1¾ fl. oz. for 3 feeds, followed by 2 fl. oz. for 3 feeds	11¼	225	6
5th day	2¼ fl. oz. for 3 feeds, followed by 2½ fl. oz. for 3 feeds	14¼	285	6
6th day	2¾ fl. oz. for 3 feeds, followed by 3 fl. oz. for 3 feeds	17¼	345	6

Such a scheme will provide an increase of about 3 fl. oz. or 60 calories in the total food intake each day. Many severe cases will not tolerate as much. An older infant progressing well can often tolerate an increase of, say, 5 or 6 fl. oz. (100–120 calories) each day. The fluid intake must be kept as high as possible in all severe cases, not less than 2½ fl. oz. per lb. body weight in 24 hours, and preferably considerably more.

If the baby had been having mixed food before his attack of diarrhœa, then cereal food (e.g., thickened bottle feeds or rusk) can generally be introduced early and with advantage into his dietary.

APPENDIX VII.

POULTICES.

Ice Poultice.

Cut gutta-percha tissue double the size required for the poultice. Cover one-half with a thin layer of brown wool, bran or linseed, leaving a small margin at edges. Over this lay small pieces of ice about ½ inch thick. (Remove sharp edges by passing a hot spoon over ice, or by holding under hot-water tap for a second.) Sprinkle salt over ice. Cover ice with another thin layer of brown wool. Paint edges of gutta-percha tissue with a brush dipped in chloroform and fold the second half over first and seal edges. Apply over lint a little larger in size than the poultice.

Kaolin Poultice.

Heat the Kaolin poultice by standing the container in hot water (taking care that no water gets into the poultice), spread on lint and apply to affected part.

Starch Poultice.

Mix four tablespoonfuls of starch powder and 1 teaspoonful of boric powder together. Add sufficient cold water to rub down starch, then pour on 1 pint of boiling water and stir till starch has dissolved. When cool spread about ½ inch thick on linen or lint and apply.

ENEMAS.

Anthelmintic Enemas.

(1) Common Salt ...	½ ounce with warm water to ½ pint.
(2) Infusion of Quassia	½ pint.

Glycerin Enema.

Glycerin	1–4 fl. drachms.

Olive Oil Enema.

Olive Oil	2–5 fl. ounces.

Administer olive oil at temperature 100°F.
One or two hours later, administer soap enema.

Ox Bile Enema.

Extract of Ox Bile ...	10 grains with warm water to 2 fl. ounces.

Soap Enema.

Soft Soap or Plain Yellow Soap ...	1 ounce with warm water to 1 pint.

Administer at temperature 100° F.

Turpentine Enema.

Turpentine	1–4 fl. drachms with soap enema.

Mix turpentine thoroughly with soap enema.
Administer at temperature 100° F.

FEEDING FORMULAS.

Albumen Water.

Separate the white of an egg from the yolk. Add water up to half a pint to the white, beating up well.

Barley Water.

One drachm of pearl barley in powder is required to one pint of water. Make the barley powder into a thin paste with a little cold water. Add the rest of the water and bring to the boil. Boil and stir for one minute.

Imperial Drink.

Potassium Acid Tartrate ...	1 drachm.
Tartaric Acid	1 drachm.
Oil of Lemon	1½ minims.
Sugar	2 ounces.

2 ounces (weight) or 2 small tablespoonfuls (measure) to one pint of boiling water.

Peptonised Milk.

Use " Zymine " peptonising tubes.

Into a clean quart bottle put the powder contained in one of the glass tubes, and ¼ pint of cool water: shake, then add a pint of fresh cool milk, and shake the mixture again. Place the bottle in water so hot that the whole hand can be held in it without discomfort for a minute, and keep the bottle there for ten minutes or longer as ordered. At the end of that time pour the milk in a saucepan and heat quickly to boiling.

If a mixture of 20 calories to each fluid ounce is required use in place of ¼ pint of plain water ¼ pint of standard sugar solution, as set out on page 85.

Whey.

Heat one pint of milk to temperature of 100°F. Add one teaspoonful of essence of rennet. Stand in a warm place till the curd has set, then break up curd with a fork. Allow to stand for 15 minutes then strain through muslin and bring whey to boiling point.

APPENDIX VIII.

PHYSICAL STANDARDS FOR NORMAL CHILDREN.

STANDARD WEIGHT, HEIGHT AND HEAD CIRCUMFERENCE OF A NORMAL CHILD.

Age.	Weight.	Height	Head Circumference.
	lbs.	ins.	ins.
Birth ...	7½	20	13½
2 months ...	10½	—	14½
4 ,, ...	13½	—	15½
6 ,, ...	16	25	16½
9 ,, ...	19	—	17¼
12 ,, ...	21	29	18
18 ,, ...	24½	—	18½
2 years ...	28	33	19
4 ,, ...	35	38	19¾
7 ,, ...	49	46	—
10 ,, ...	66	52	21
14 ,, ...	84	57	—

Average rate of gain in weight.

Up to 5 months, about 1½ lbs. monthly.

5–12 months, 1 lb. monthly.

12 months—2 years, about ½ lb. monthly.

From 2 years old and upwards there should be an annual gain of 4–6 lbs., more near the time of puberty.

Average increase in height.

In the first year, about 9 ins.

1–2 years, about 4½ ins.

2–5 years, about 2½ to 3½ ins. yearly.

5–12 years, about 2–2½ ins. yearly.

Average increase in head circumference.

In the first four months, an average of ½ inch monthly.

4–12 months, ¼ inch monthly.

1–2 years, 1 inch in 12 months.

THE ORDER AND AGE OF ERUPTION OF THE TEETH.

Temporary : full primary dentition is 20 teeth.

Central incisors	6 months.
Lateral incisors	7 months.
First molars	12 months.
Canines	18 months.
Second molars	24 months.

Permanent : full permanent dentition is 32 teeth.

First molars	6 years.
Central incisors	7 years.
Lateral incisors	8 years.
First premolars	9 years.
Second premolars	10 years.
Canines	11 years.
Second molars	12 years.
Third molars	24 years.

PULSE AND RESPIRATION RATES—SLEEPING. (HOLT.)

Pulse.		**Respiration.**	
At birth,	140–120.	At birth,	35.
6–12 months,	115–105.	1 year old,	27.
2–6 years,	105–90.	2 years old,	25.
		6 years old,	22.
11–14 years,	85–75.	12 years old,	20.

INDEX.

PAGE.
Acid Acetylsalicyl ... ... Tab Aspirin 36
Tab Aspirin, Phenacetin and Caffein 36
Acid Benzoic ... ... Collutorium Thymol Co 16
Ung Acid Salicyl et Acid Benzoic 37
Acid Boric ... ... Collutorium Thymol Co 16
Insuff Ac Boric 22
Insuff Iodi et Ac Boric 22
Insuff Iodi et Ac Boric Fort 22
Guttæ Spiritus (aural) 19
Lot Acidi Borici 23
Lot Ac Boric et Zinc Sulph 23
Pulvis Ac Boric et Amyli 34
Pulvis Iodoform et Ac Boric 34
Pulvis Zinci, Amyli et Borici 34
Ung Ac Boric 37

Acid Carbol. *See* Phenol.
Acid Picric ... ... Lot Ac Picric 23
Acid Potassium Tartrate ... ... Imperial Drink 92
Acid Salicylic ... ... Guttæ Acid Salicylic (aural) 19
Pasta Zinci et Ac Salicyl 33
Ung Ac Salicyl et Ac Benzoic 37
Ung Sulph et Ac Salicyl 39
Acid Tannic ... ... Sol Ac Tannic et Hyd Perchlor 35
Mist Bism Astring 26
Acid Tartaric ... ... Imperial Drink 92
Acriflavine ... ... Emulsio Acriflavin B.P.C. ... ... —
Tab Acriflavine 36

		PAGE.
Adeps Lanæ Hydrosus	**Cremor Zinci**	**17**
	Cremor Zinci et Ichthammolis	17
Æther	Inject Camphoræ et Ætheris Hypoderm	22
Ætheris Spirit. *See* Spirit Ætheris.		
Albumen Water		92
Alumen	Lot Aluminis	23
Ammonium Acetate Dil Soln. *See* Liq Ammon Acet Dil.		
Ammon Carbonas	Mist Bellad et Pot Brom	26
	Mist Ipecac Ammon	29
	Mist Ipecac et Bellad	29
Ammon Ichthosulphon. *See* Ichthammol	Cremor Zinc et Ichthammolis	17
Amylum	Pasta Picis	32
	Pasta Zinci	33
	Pasta Zinci et Ac Salicyl	33
	Pulv Acid Boric et Amyli	34
	Pulv Zinc et Amyli	34
	Pulv Zinci, Amyli et Boric	34
Anæsthetics, Basal	Avertin	50
	Nembutal	49
	Paraldehyde	50
,, Preparation for		49
Anthelmintic Enemas		91
Argent Nit	Guttæ Argent Nit 1% (eyes)	20
Argyrol	Guttæ Argyrol 5% (eyes)	20
Arsenic. *See* Liq Arsenicalis.		
Artificial Feeding. *See* Feeding		61, 82, 90
Aspirin. *See* Ac Acetylsalicyl.		
Atropin	Ung Atropin 1%	37
	Ung Hyd Ox Flav et Atrop	38

PAGE.

Atropin Sulph ... ... Guttæ Atropin Sulph 1% 20
Inject Atropin Sulph Hypoderm 21, 49
Aural Drops. *See* Guttæ Aural.
Avertin 50
B.I.P.P. *See* Pasta Bismuth Iodoform et Paraffin.
Balnea (Baths) :—
  Balneum Alkalinum 15
  Balneum Aq Calidæ 15
  Balneum Aq Frigidæ 15
  Balneum Aq Tepidæ 15
  Balneum Picis Carb 15
  Balneum Sinapis 15
  Balneum Sulphuratum 15
Balsam Peruvianum ... ... Ung Peruvianum 38
Barley Water 92
Barium Enema 40
Barium Meal 40
Barium Sulphate ... ... Barium Enema 40
Barium Meal 40
Basal Anæsthetics 49
Baths. *See* Balnea.
Benzoic Acid. *See* Acid Benzoic.
Biochemical Examination 42
Bismuth Carb... ... ... Bismuth Meal 40
Emuls Paraffini et Bismuth 18
Glyc Bism Carb 40
Mist Bismuth 26
Mist Bism Astring 26

		PAGE.
Bismuth Meal. *See* Glyc Bism Carb.		
Bism Salicyl	Mist Bism Sal	27
Bism Subnit	Pasta Bismuthi et Iodoformi	32
Blood Cultures		42
Blood Examinations		42
Blood Injections		13
Bonain's Sol. *See* Sol Cocain et Phenolis.		
Boracic Acid. *See* Acid Boric.		
Borax	Collunarium Sodii	16
	Collutorium Boracis Co.	16
	Glycerin Boracis	56
	Guttæ Alkalinæ (nasal)	20
	Lotio Alkalina	23
Bottle Feeding		61, 82, 87
Breast Feeding		56, 82
Bromoform	Mist Bromoform	27
Buchu Inf. *See* Inf Buchu.		
Caffein	Tab Aspirin, Phenacetin and Caffein	36
Caffein Citras	Mist Caffein Cit	27
Calamina	Cremor Calamin	17
	Lot Calamin	24
Calcium Acetylsalicylas (Calcium Aspirin)	Tab Calc Acetylsalicyl	36
Calcii Carbonas	Dentifricium Cretæ Co	17
Calcium Hypophos	Emuls Ol Morrh c̄ Hypophos	18
Calcium Lactas	Tab Calcium Lact	36
Calcium Sod Lactas	Tab Calc Sod Lact	36
Calomel	Tab Hyd Subchlor	36
	Tab Santonin et Hyd Subchlor	36

PAGE.

Calorie Calculations and Values ... 82
Camphor ... Inj Camphoræ Hypoderm ... 22
Inj Camphoræ et Ætheris Hypoderm ... 22
Lin Camphoræ Dil ... 23
Lin Saponis ... 23
Cantharidin. *See* Liq Cantharidin.
Carbolic Acid. *See* Phenol.
Cardamom ... Mist Carmin ... 27
Cascara Sagrada ... Emuls Paraffini c̄ Cascara ... 18
Mist Cascaræ ... 27
Tab Cascaræ ... 36
Castor Oil. *See* Ol Ricini.
Centigrade: Conversion to Fahrenheit ... 14
Cerebro-spinal Fluid ... 42, 44
Chloralformamid (Chloralamide) ... Mist Chloralformamid ... 27
Chloral Hydras ... Mist Chloral ... 27
Mist Chloral et Pot Brom ... 27
Chondrus (Irish Moss) ... Emulsiones ... 17
Chrysarobin ... Ung Chrysarobin ... 37
Ung Chrysarobin Fort ... 37
Clothing ... 54
Coal Tar Crude ... Pasta Picis ... 32
Coal Tar Soln. *See* Liq Picis Carb.
Cocainæ Hydrochlor ... Guttæ Cocain ... 21
Guttæ Cocain et Homatropin ... 21
Solutio Cocain et Phenolis ... 35
Cod Liver Oil. *See* Ol Morrh
Collunarium (Nasal Wash):—
Collunarium Sodii ... 16

PAGE.

Collutoria (Mouth Washes) :—
  Collutorium Boracis Co ... 16
  Collutorium Hydrogen Perox ... 16
  Collutorium Phenolis ... 16
  Collutorium Thymol Co ... 16
Constipation ... 55
Cremores (Creams) :—
  Cremor Calamin ... 17
  Cremor Zinci ... 17
  Cremor Zinci et Ichthammolis ... 17
Dentifricium Cretæ Co ... 17
Crude Coal Tar. *See* Coal Tar Crude.
Crystal Violet. *See* Viola Crystal.
Dentition ... 95
Dextrose ... Before operation ... 49
  Dextrose Tolerance Test ... 45
  Haustus Dextros ... 45
  Mist Ferri Sulph ... 28
  Solutio Dextrosi ... 35
  Solutio Dextrosi et Sod Chlor ... 35
Diarrhoea ... 72, 89
Diet, *see* Feeding.
Diphtheria ... 46
Discharging Ears ... 78
Dosage Tables, New-born Infants ... 9
  Proportionate ... 8
Dover's Powder. *See* Pulv Ipecac et Opii.
Drops for the Ears. *See* Guttæ (Aural).

PAGE.

Drops for the Eyes. *See* Guttæ (Eyes).
Drops for the Nose. *See* Guttæ (Nasal).
Ear Drops. *See* Guttæ (Aural).
Ears, Discharging ... 78
Elixir Cascara Sagrada ... Emulsio Paraffini c̄ Cascara ... 18
    Mist Cascaræ ... 27
Emulsiones (Emulsions) :—
    Emuls Ol Morrhuæ ... 17
    Emuls Ol Morrh c̄ Ferro ... 17
    Emuls Ol Morrh c̄ Hypophos ... 18
    Emuls Ol Ricini ... 18
    Emuls Paraffini ... 18
    Emuls Paraffini c̄ Bismuth ... 18
    Emuls Paraffini c̄ Cascara ... 18
Enemas ... Anthelmintic (1) Salt ... 91
    (2) Quassia ... 91
    Glycerin... 91
    Olive Oil ... 92
    Ox Bile ... 92
    Soap ... 92
    Turpentine ... 92
Enteritis ... 72, 89
Ephedrinæ Hydrochlor ... Sol Ephedrin et Sod Chlor ... 35
    Tab Ephedrine... 36
Epsom Salts. *See* Mag Sulph.
Eserine. *See* Physostigmine.
Ether Soap ... 34
Ether Spirit. *See* Spt Ætheris.

PAGE.

Ethereal Tinct of Lobelia. *See* Tinct Lobelia Æth.
Eucalyptol ... ... Collutorium Thymol Co 16
Eucalyptus Oil. *See* Ol Eucalypti.
Evaporating Lotion. *See* Lot Evaporans.
Evaporating Lead Lotion. *See* Lot Plumbi Evap.
Ext Fellis Bovini ... ... Enema Fel Bovinum 92
Ext Filicis Liq ... ... Mist Filicis 28
Ext Malti c̄ Oleo Morrhuæ ... ... Mist Ext Malt et Ol Morrh c̄ Ferro 28
Eye Drops. *See* Guttæ (Eyes).
Eye Lotions. *See* Lotio.
Eye Ointments. *See* Ung.
Fahrenheit : conversion to Centigrade 14
Feeding, Infants ... ... Artificial Feeding 61
  Breast Feeding... 56
  Calculations 82
  Infants with Enteritis 72, 89
  ,, ,, Intussusception 88
  ,, ,, Pyloric Stenosis 88
  Overfeeding 87
  Premature Infants 82
  Standard Mixtures 85
  Underfeeding 87
  Weaning 65
Feeding, Older Children ... ... Diet 68
Fel Bovinum. *See* Ext Fellis Bovini.
Ferri et Ammon Cit ... ... Emuls Ol Morrh c̄ Ferro 17
  Mist Ferri et Ammon Cit 28
  Mist Ferri Arsen 28

PAGE.

Ferri Perchloridum. *See* Liq Ferri Perchlor.
Ferri Sulphas ... ... Mist Ferri Sulph 28
Ferrous Phosphate Compound Syr of. *See* Syr Ferri Phosph Co.
Ferrous Sulph. *See* Ferri Sulphas.
Ferrum... ... ... Administration to Infants 59, 64
Filix Mas ... ... Mist Filicis 28
Fluorescein Eye Drops. *See* Guttæ Fluorescein.
Fruit 55, 63, 66, 67, 70
Gargarismata (Gargles). *See also* Collutoria (Mouth Washes) :—
  Garg Alkalina 18
  Garg Pot Chlor 19
  Garg Pot Permang 19
Gentian. *See* Inf Gent Co.
Gentian Violet. *See* Viola Crystallina.
Ginger. *See* Tr Zingib.
Glauber Salts. *See* Sod Sulphas.
Glucose. *See* Dextrose.
Glycerin Bism Carb ... ... Opaque Meal 40
Glycerin Boracis ... ... Glycerin Boracis BP 56
Collutorium Boracis Co 16
Guttæ (Drops) *Aural* :—
  Guttæ Acid Salicyl 19
  Guttæ Hyd Perox 19
  Guttæ Phenolis (Acid Carbol) (Aural) 19
  Guttæ Phenolis Dil (Aural) 19
  Guttæ Sod Bicarb 19
  Guttæ Spiritus 19

PAGE.

Guttæ, *Eyes* :—
  Guttæ Argent Nit ... 20
  Guttæ Argyrol ... 20
  Guttæ Atropin Sulph ... 20
  Guttæ Cocain ... 21
  Guttæ Cocain et Homatropin ... 21
  Guttæ Fluorescein ... 21
  Guttæ Mercurochrome ... 21
  Guttæ Physostigmin ... 21
  Guttæ Physostigmin Fort ... 21
  Guttæ Protargol ... 21
Guttæ, *Nasal* :—
  Guttæ Alkalinæ ... 20
  Guttæ Eucalypti ... 20
  Guttæ Hyd Nit Co ... 20
  Guttæ Menthol ... 20
  Guttæ Menthol et Eucalypti ... 20
Haustus :—
  Haustus Dextrosi ... 45
  Haustus Ureæ ... 44
Head Circumference of Children ... 94
Height of Children ... 94
Hexamina ... Mist Hexamin ... 29
Histological Examinations ... 42
Hydrargyri Oxid Flav ... Pasta Zinc et Hyd Ox Flav ... 33
  Ung Hyd Ox Flav ... 38
  Ung Hyd Ox Flav et Atropin ... 38
Hydrargyri Oxycyanidum ... Lot Hydrarg Oxycyanid (eyes) ... 24

		PAGE.
Hydrargyri Perchloridum	Mist Hydrarg Perchlor	29
	Lot Hydrarg Perchlor	24
	Lot Hydrarg Perchlor Fort	24
	Sol Acidi Tannici et Hydrarg Perch	35
Hydrargyri Nitratis Ung	Guttæ Hyd Nit Co (nasal)	20
	Ung Hyd Nit Dil	38
Hydrargyri Subchloridum (Calomel) ...	Tab Hyd Subchlor	36
	Tab Santonin et Hyd Subchlor	36
	Tab Santonin et Hyd Subchlor Dil	36
Hydrargyrum Ammoniatum	Ung Hyd Ammon	38
	Ung Hyd Ammon Dil	38
Hydrargyrum c̄ Creta	Tab Hyd c̄ Cret	37
Hydrogen Peroxide. *See* Liq Hyd Peroxid.		
Hyoscyamus	Mist Pot Cit et Hyoscyam	31
Hypodermic Injections. *See* Inject.		
Ichthammol	Cremor Zinc et Ichthammolis	17
Ichthyol, brand of Ichthammol	... ...	17
Imperial Drink	... ...	92
Imperial Weights and Measures	... ...	7
Incubation Periods	... ...	46
Infectious Diseases	Incubation Periods and Quarantine	46
	Ward Infections	47
Inf Gent Co	Mist Gent Alk	29
	Mist Gent et Rhei	29
Inf Rhei	Mist Gent et Rhei	29
Injectiones (Injections) :—		
Hypodermic—		
Inj Atropin Sulph	... ...	21, 49

PAGE.

Injectiones (Injections)—*continued* :—
  Hypodermic—*continued* :—
    Inj Camphoræ ... 22
    Inj Camphoræ et Ætheris ... 22
    Inj Strychninæ ... 22
  Intravenous or Subcutaneous—
    Sol Dextrosi (freshly sterilized) ... 35
    Sol Dextrosi et Sod Chlor (freshly sterilized) ... 35
    Sol Sod Chlor (freshly sterilized) ... 35
    Sol Sod Cit (freshly sterilized) ... 36
  Rectal (*see also* Enemas)—
    Sol Paraldehyde in 10% Dextrose in Normal Saline ... 50
Instructions to Parents ... 52
Insufflationes (Insufflations) :—
    Insuff Acid Boric ... 22
    Insuff Iodi et Acid Boric ... 22
    Insuff Iodi et Acid Boric Fort ... 22
Intussusception Operation (Feeding) ... 88
Intravenous Injections. *See* Injectiones.
Intravenous Pyelography ... 40
Iodoform ... Pasta Bismuth et Iodoform (B.I.P.P.) ... 32
    Pulvis Iodoform et Ac Boric ... 34
Iodum ... Insuff Iodi et Acid Boric (ears) ... 22
    Insuff Iodi et Ac Boric Fort (ears) ... 22
    Pigment Iodi (throat) ... 33
Ipecacuanha. *See* Tr Ipecacuanha.
Irish Moss. *See* Chondrus.

PAGE.

Iron. *See* Ferrum.
Iron and Ammonium Citrate. *See* Ferri et Ammon Cit.
Lævulose ... ... Lævulose Tolerance Test 45
Lanolin. *See* Adeps Lanæ Hydrosus.
Lassar's Paste. *See* Pasta Zinc et Ac Salicyl.
Lead Lotion. *See* Lotio Plumbi.
Leaflets issued to Parents 52
Lime Water. *See* Liq Calcis Hydrox.
Linctus (Linctuses):—
  Linctus Ipecac Co 22
  Linctus Simplex... 22
Linimenta (Liniments):—
  Lin Camph Dil 23
  Lin Saponis 23
  Lin Terebinth Dil 23
Liquid Paraffin. *See* Paraffin Liq ...
Liquid Soap. *See* Sapo Spiritus.
Liquor Ammon Acet Dil ... ... Mist Ammon Acet 25
Liquor Arsenicalis ... ... Mist Arsenicalis 26
  Mist Ferri Arsen 28
Liq Calc Hydrox ... ... Cremor Calamin 17
  Cremor Zinci 17
  Cremor Zinc et Ichthammol 17
Liq Cantharidini ... ... Lot Cantharidini 24
Liq Ferri Perchlor ... ... Mist Ferri Perchlor 28
  Mist Ferri et Pot Chlor 28
  Mist Ferri et Sod Sal 28

		PAGE.
Liq Hydrogen Perox	Collutorium Hydrogen Perox	16
	Guttæ Hydrogen Perox (aural)	19
Liq Picis Carb	Balneum Picis Carb	15
	Lot Picis Carb	24
	Ung Picis Carb	38
Liq Plumbi Subacet	Lot Plumbi	24
	Lot Plumbi Evaporans	25
	Lot Plumbi cum Opio	25
Lobelia. *See* Tr Lobeliæ Æther.		
Lotiones (Lotions):—		
Lot Ac Boric		23
Lot Ac Boric et Zinc Sulph (eyes)		23
Lot Ac Picric		23
Lot Alkalina		23
Lot Aluminis		23
Lot Calamin		24
Lot Cantharid		24
Lot Evaporans		24
Lot Hydrarg Oxycyan (eyes)		24
Lot Hydrarg Perchlor		24
Lot Hydrarg Perchlor Fort		24
Lot Phenolis (Acid Carbol)		24
Lot Picis Carb		24
Lot Plumbi		25
Lot Plumbi Evaporans		25
Lot Plumbi c̄ Opio		25
Lot Pot Permang		25
Lot Rubra		25

PAGE.

Lotiones (Lotions)—*continued* :—
  Lot Sod Bicarb (eyes) 25
Luminal, Brand of Phenobarbitone, *which see*
Magnesii Carb Levis ... ... Mist Alba 25
Magnesii Sulphas ... ... Mist Alba 25
  Sales Aperientes 34
Malachite Green. *See* Viride Malachitum.
Male Fern. *See* Filix Mas.
Malt and Oil. *See* Ext Malt c̄ Ol Morrh
Management of Children 52
Meals, suggested arrangement of 68
Meals, Barium 40
Measles 46
Measures, Domestic 86
Measures, Imperial and Metric 7
Measuring Feeds 63
Menthol ... ... Guttæ Hyd Nit Co (nasal) 20
  Guttæ Menthol (nasal) 20
  Guttæ Menthol et Eucalypti (nasal) 20
  Solutio Cocain et Phenol 35
  Vapor Menthol 39
Mercuric Chloride. *See* Hydrarg Perchlor.
Mercuric Nitrate. *See* Hydrarg Nitratis.
Mercuric Oxide. *See* Hydrarg Ox Flav.
Mercuric Oxycyanid. *See* Hydrarg Oxycyanid.
Mercurous Chloride. *See* Hydrarg Subchlor.
Methylated Spirit. *See* Spirit Methylatus Industrialis.
Metric Weights and Measures 7

PAGE.

Milk 62, 66, 69, 73, 85
Minor Ailments 55
Misturæ (Mixtures) :—
  Mist Alba 25
  Mist Ammon Acetatis 25
  Mist Ammon et Ætheris 26
  Mist Arsenicalis 26
  Mist Belladonnæ 26
  Mist Bellad et Pot Brom 26
  Mist Bismuthi 26
  Mist Bismuthi Astring 26
  Mist Bismuth Salicyl 27
  Mist Bromoform 27
  Mist Caffein Cit 27
  Mist Carmin 27
  Mist Cascara 27
  Mist Chloral 27
  Mist Chloral et Pot Brom 27
  Mist Chloralformamid 27
  Mist Ext Malt et Olei Morrhuæ c̄ Ferro 28
  Mist Ferri et Ammon Cit 28
  Mist Ferri Arsen 28
  Mist Ferri Perchlor ... ... Mist Ferri et Pot Chlor 28
  Mist Ferri et Pot Chlor 28
  Mist Ferri et Sod Sal 28
  Mist Ferri Sulph 28
  Mist Filicis 28

Page

Misturæ (Mixtures)—*continued* :—
Mist Gent Alk ... 29
Mist Gent et Rhei ... 29
Mist Hexamin ... 29
Mist Hydrarg Perchlor ... 29
Mist Ipecac Ammon ... Mist Ipecac et Bellad... ... 29
Mist Stramonii ... 32
Mist Ipecac et Bellad ... 29
Mist Ipecac et Pot Cit c̄ Bellad ... 29
Mist Lobeliæ et Bellad ... 30
Mist Ol Morrh. *See* Emuls ... 17
Mist Ol Ricini. *See* Emuls ... 18
Mist Pot Brom ... 30
Mist Pot Chlor ... Mist Ferri et Pot Chlor ... 30
Mist Pot Chlor et Sod Sal ... 30
Mist Pot Cit ... Mist Pot Cit et Hyoscyami ... 30
Mist Pot Cit et Bellad ... 30
Mist Pot Cit et Hyoscyami ... 30
Mist Pot Iodid ... 31
Mist Rhei c̄ Soda ... 31
Mist Scillæ Co ... 31
Mist Sennæ ... 31
Mist Sodii Bicarb ... 31
Mist Sod Cit ... 31
Mist Sod Phosph Acid ... 31
Mist Sod Sal ... 32
Mist Stramonii ... 32
Mist Syr Ferri Phosph Co ... 32

PAGE.

Moss, Irish. *See* Chondrus.
Mouth, care of 53, 80
Mouth Washes. *See* Collutorium.
Mustard ... ... Balneum Sinapis 15
Myrrh. *See* Tr Myrrh.
Napkins 55
Nasal Drops. *See* Guttæ (nasal).
Nasal Ointment. *See* Ung.
Nasal Wash. *See* Collunarium.
Nembutal 49
New born Infants—Dosage for 9
Normal Dextrose Solution. *See* Solutio Dextrosi.
Normal Dextrose Saline Solution. *See* Solutio Dextrosi et Sod Chlor.
Normal Saline Solution. *See* Solutio Sodii Chlor.
Nux Vomica. *See* Tr Nucis Vom.
Oils. *See* Oleum.
Ointments. *See* Unguenta.
Oleum Eucalypti ... ... Guttæ Eucalypti (nasal) 20
  Guttæ Menthol et Eucalypti (nasal) 20
  Ung Eucalypti... 37
  Ung Eucalypti Dil 38
  Ung Zinci et Eucalypti 39
Oleum Morrhuæ ... ... Administration... ... ... 59, 64, 77
  Emuls Ol Morrh 17
  Emuls Ol Morrh c̄ Ferro 17
  Emuls Ol Morrh c̄ Hypophosph 18
  Ext Malt c̄ Ol Morrh B.P. ... ... —
  Mist Ext Malt et Ol Morrh c̄ Ferro 28

		PAGE.
Oleum Olivæ	Cremor Calamin	17
	Cremor Zinci	17
	Cremor Zinci et Ichthammolis	17
	Enema Olivæ	92
	Injectio Camph Hypoderm	22
	Injectio Camph et Ætheris Hypoderm	22
Oleum Ricini	Emuls Ol Ricini	18
	Ung Zinci et Ol Ricini	39
Oleum Terebinthinæ	Lin Terebinth Dil	23
Opaque Meals		40
Operation, Preparation for		49
Opium :—		
See Pulv Cretæ Arom c̄ Opio.		
See Pulv Ipecac et Opii.		
See Tr Opii.		
See Tr Opii Camph.		
Oranges	Administration to Infants	55, 63
Outdoor life		52
Over-feeding		87
Ox Bile. *See* Ext Fellis Bovinum.		
Oxymel Scillæ	Linctus Simplex	22
	Mist Scillæ Co	31
Paints. *See* Pigmenta.		
Pamphlets issued to Parents.		52
Paraldehyde	Sol Paraldehyde in 10% Dextrose in Normal Saline	50
Paraffin Liquidum	Emuls Paraffini	18
	Emuls Paraffini c̄ Bismuth	18
	Emuls Paraffini c̄ Cascara	18

Page.

Paraffin Liquidum—*continued* :—
  Guttæ Eucalypti (nasal) 20
  Guttæ Hydrarg Nit Co. (nasal) 20
  Guttæ Menthol (nasal) 20
  Guttæ Menthol et Eucalypti (nasal) 20

Paregoric. *See* Tr Opii Camph.
Pastæ (Pastes) (*see also* Unguenta) :—
  Pasta Bism et Iodoform 32
  Pasta Picis 32
  Pasta Zinci ... ... Pasta Zinci et Hyd Ox Flav 33
  Pasta Zinci et Acid Salicyl 33
  Pasta Zinci et Hyd Ox Flav 33
Pathological Investigations 42
Peptonised Milk 93
Percentage Equivalents 14
Phenacetin ... ... Tab Aspirin, Phenacetin et Caffein 36
Phenobarbitone (Luminal) ... ... Tab Phenobarbitone 37
Phenol (Acid Carbol)... ... ... Collutorium Phenolis 16
  Dentifricium Cretæ Co 17
  Guttæ Phenol (aural) 19
  Guttæ Phenol Dil (aural) 19
  Lot Phenol 24
  Sol Cocainæ et Phenolis 35
Phenolphthalein ... ... Tab Phenolphthalein 37
Physical Standards 94
Physiological Saline Sol. *See* Sol Sodii Chlorid.
Physostigminæ Salicyl ... ... Guttæ Physostigmin 21
  Guttæ Physostigmin Fort 21

		Page.
Picric Acid. *See* Acid Picric.		
Pigmenta (Paints):—		
Pigment Argent Nit (eyes)		33
Pigment Iodi (throat)		33
Pigment Violæ Cryst		33
Pigment Viridis Malachiti		33
Pix Carbonis (Crude)	Pasta Picis	32
Potassa Sulphurata	Balneum Sulphuratum	15
Potassii Bicarbonas	Mist Ferri et Sodii Sal	28
	Mist Gent et Rhei	29
	Mist Pot Cit et Bellad	30
Potassii Bromidum	Mist Bellad et Pot Brom	26
	Mist Chloral et Pot Brom	27
	Mist Pot Brom	30
Potassii Chloras	Dentifricium Cretæ Co.	17
	Gargarisma Alkalina	18
	Garg Pot Chlor	19
	Mist Ferri et Pot Chlor	28
	Mist Pot Chlor	30
	Mist Pot Chlor et Sod Sal	30
Potassii Citras	Mist Ammon Acet	25
	Mist Ipecac et Pot Cit c̄ Bellad	29
	Mist Pot Cit	30
	Mist Pot Cit et Bellad	30
	Mist Pot Cit et Hyoscyami	31
Potassii Iodidum	Mist Loheliæ et Bellad	30
	Mist Pot Iod	31
	Pigment Iodi (throat)	33

		Page.
Potassii Permanganas	Garg Pot Permang	19
	Lot Pot Permang	25
Potassii Tartras Acidus	Imperial Drink	92
Poultices		91
Protargol	Guttæ Protargol (eyes)	21
Pulse Rates (Children)		95
Pulveres (Powders) External Dusting :—		
Pulv Ac Boric et Amyli		34
Pulv Iodoform et Acid Boric		34
Pulv Zinc et Amyli		34
Pulv Zinc, Amyli et Ac Boric		34
Pulveres (Powders), Internal. *See* Tabellæ.		
Pulv Cretæ Aromat c̄ Opio	Mist Bism Astring	26
Pulv Ipecac et Opii	Tab Pulv Ipecac et Opii	37
Pyelographic Examination		40
Quarantine Period		46
Quassia	Enema Quassia	91
Quininæ Sulph	Tab Quin Sulph	37
Radiographic Examination		40
Rammstedt Operation (Feeding)		88
Rectal Injection	Paraldehyde with 10% Dextrose in Normal Saline	50
Respiration Rates (Children)		95
Rheum...	Mist Gent et Rhei	29
	Mist Rhei c̄ Soda	31
Rickets		77
Ringworm (scalp)		79
Saccharinum Soluble...	Emuls Paraffini	18
Sal Volatile. *See* Spt Ammon Aromat.		

		Page.
Sales :—		
Sales Aperientes		34
Salicylic Acid. *See* Acid Salicyl.		
Salol	Tab Salol	37
Santonin	Tab Santonin et Hydrarg Subchlor	36
	Tab Santonin et Hydrarg Subchlor Dil	36
Sapo Æthereus		34
Sapo Dur	Dentifricium Cretæ Co	17
Sapo Mollis	Lin Saponis	23
	Sapo Spiritus	34
Sapo Spiritus		34
Scarlet Fever		46
Sennæ Fructus	Mist Sennæ	31
Serological Examinations		42
Silver Nitrate. *See* Argent Nit.		
Sinapis	Balneum Sinapis	15
Sleep		52
Soap. *See* Sapo.		
Sodii Bicarbonas	Balneum Alk	15
	Collunarium Sodii	16
	Gargarisma Alkalina	18
	Guttæ Alkalina (nasal)	20
	Guttæ Sod Bicarb (aural)	19
	Lot Alkalina	23
	Lot Sod Bicarb (eyes)	25
	Mist Carmin	27
	Mist Gent Alk	29
	Mist Pot Cit	30

		Page.
Sodii Bicarbonas—*continued* :—		
	Mist Pot Cit et Bellad	30
	Mist Pot Iod	31
	Mist Rhei c̄ Soda	31
	Mist Sod Bicarb	31
	Mist Sod Salicyl	32
Sodii Chloridum	Collunarium Sodii	16
	Gargarisma Alkalina	18
	Guttæ Alk (nasal)	20
	Sol Dextrosi et Sod Chlor	35
	Sol Ephedrin et Sodii Chlor	35
	Sol Sod Chlor (Normal Saline Solution)	35
Sodii Citras	Mist Sod Cit	31
	Sol Sod Cit	36
Sodii Iodidum	Sol Sod Iodid	40
Sodii Hypophosph	Emuls Ol Morrh c̄ Hypophos	18
Sodii Phosphas Acidus	Mist Sodii Phosph Acid	32
Sodii Salicylas	Mist Ferri et Sod Sal	28
	Mist Pot Chlor et Sod Sal	30
	Mist Sod Sal	32
Sodii Sulphas	Sal Aperientes	34
Solutiones (Solutions) :—		
Sol Acid Tannic et Hydrarg Perchlor		35
Sol Cocain et Phenolis		35
Sol Dextrosi (freshly sterilized)		35
Sol Dextrosi et Sod Chlor (freshly sterilized)		35
Sol Ephedrin et Sod Chlor		35
Sol Sod Chlor (freshly sterilized)		35

PAGE.

Solutiones (Solutions)—*continued*:—
  Sol Sod Cit (freshly sterilized)... 36
  Sol Sod Iod (freshly sterilized)... 40
Spirit Drops. *See* Guttæ Spiritus.
Spirit Methylatus Industrial ... ... Guttæ Acid Salicyl (aural) 19
  Guttæ Spiritus (aural) 19
  Lin Saponis 23
  Lot Evaporans 24
  Lot Plumbi Evap 25
  Pigment Violæ Cryst 33
  Pigment Viridis Malachiti 33
  Sapo Æthereus 34
  Sapo Spiritus 34
Spirit of Sal Volatile. *See* Spt Ammon Aromat.
Spirit Soap. *See* Sapo Spiritus.
Spiritus Ætheris ... ... Mist Ammon et Ætheris 26
Spiritus Ammon Aromat ... ... Mist Ammon et Ætheris 26
  Mist Carmin 27
  Mist Rhei c̄ Soda 31
Squill. *See* Oxymel Scillæ.
Standard Mixtures (Feeding) 85
Starch. *See* Amylum.
Stramonium. *See* Tr Stramonii.
Strychninæ Hydrochlor ... ... Inj Strych Hyd Hypoderm 22
Sucrose ... ... Collunarium Sodii 16
  Imperial Drink 92
Sugar. *See* Sucrose.

		PAGE.
Sulphur Sublimatum	Ung Sulphuris	38
	Ung Sulphuris et Ac Salicyl	39
Sulphurated Potash. *See* Potassa Sulphurata.		
Syrupus Ferri Phosph Co	Mist Ext Malt et Ol Morrh cum Ferro	28
	Mist Syr Ferri Phosph Co	32
	Syrup Ferri Phosph Co B.P.	—
Syrupus Tolu	Linctus Simplex	22
	Mist Bellad et Pot Brom	26
	Mist Ipecac et Pot Cit c̄ Bellad	29
	Mist Lobeliæ et Bellad	30
	Mist Scillæ Co	31
	Mist Stramonii	32
Syrupus Zingiberis	Mist Filicis	28
Tabellæ (Tablets) :—		
Tab Acid Acetylsalicyl (Aspirin)		36
Tab Acid Acetylsalicyl, Phenacetin et Caffein		36
Tab Acriflavine		36
Tab Calc Acetylsalicyl		36
Tab Calc Lact		36
Tab Calc Sod Lact		36
Tab Casc Sag		36
Tab Ephedrin Hydrochlor		36
Tab Hydrarg Subchlor (Mercurous Chloride, Calomel)		36
Tab Hydrarg cum Creta (Mercury with Chalk)		37
Tab Mercurous Chloride (Calomel)		36

PAGE.

Tabellæ (Tablets)—*continued*:—
  Tab Mercury with Chalk ... 37
  Tab Phenobarbitone (Luminal) ... 37
  Tab Phenolphthalein ... 37
  Tab Powder of Ipecacuanha with Opium (Dover's Powder) ... 37
  Tab Quin Sulph ... 37
  Tab Salol ... 37
  Tab Thyroid ... 37
Tannic Acid. *See* Acid Tannic.
Tar:—
  See Coal Tar Crude.
  See Liq Picis Carb.
Tartaric Acid. *See* Acid Tartaric.
Teeth, Care of ... 79
Teeth, Eruption of ... 95
Terebinth. *See* Ol Terebinth.
Thermometric Equivalents ... 14
Thrush ... 56
Thymol ... Collutorium Thymol Co ... 16
Thyroidum ... Tab Thyroid ... 37
Tinct Belladonnæ ... Mist Belladonnæ ... 26
  Mist Bellad et Pot Brom ... 26
  Mist Ipecac et Bellad ... 29
  Mist Ipecac et Pot Cit c̄ Bellad ... 29
  Mist Lobeliæ et Bellad ... 30
  Mist Pot Cit et Bellad ... 30

		PAGE.
Tinct Benzoin Co	Ung Zinc et Tr Benz Co	39
	Vapor Benzoin	39
Tinct Cantharidin. *See* Liq Cantharidin.		
Tinct Camph Co. *See* Tr Opii Camph.		
Tinct Cardamomi Co	Mist Carmin	27
Tinct Hyoscyami	Mist Pot Cit et Hyoscyami	31
Tinct Ipecacuanhæ	Linct Ipecac Co	22
	Mist Ipecac Ammon	29
	Mist Ipecac et Bellad	29
	Mist Ipecac et Pot Cit c̄ Bellad	29
Tinct Lobeliæ Æther	Mist Lobeliæ et Bellad	30
	Mist Stramonii	32
Tinct Myrrhæ	Collutorium Boracis Co	16
Tinct Opii Camph	Linct Ipecac Co	22
	Mist Scillæ Co	31
Tinct Stramonii	Mist Stramonii	32
Tinct Zingiberis Mit	Mist Gent et Rhei	29
Tolu. *See* Syrup Tolu.		
Tooth Powder. *See* Dentifricium Cretæ Co		
Turpentine. *See* Ol Terebinth.		
Under-feeding		87
Unguenta (Ointments) (*see also* Cremores et Pastæ) :—		
Ung Acid Boric		37
Ung Acid Salicyl et Acid Benzoic		37
Ung Atropin		37
Ung Chrysarobin		37
Ung Chrysarobin Fort		37
Ung Eucalypti		37

PAGE.

Unguenta (Ointments) (*see also* Cremores et Pastæ)—*continued* :—
  Ung Eucalypti Dil ... 38
  Ung Hyd Ammon ... 38
  Ung Hyd Ammon Dil ... 38
  Ung Hyd Nit Dil ... Guttæ Hyd Nit Co ... 38, 20
  Ung Hyd Ox Flav ... 38
  Ung Hyd Ox Flav et Atropin ... 38
  Ung Peruvianum ... 38
  Ung Picis Carb ... 38
  Ung Sulphuris ... 38
  Ung Sulphuris et Acidi Salicyl ... 39
  Ung Zinci ... Ung Zinci et Ol Ricini ... 39
  Ung Zinci et Eucalypti ... 39
  Ung Zinci et Ol Ric ... 39
  Ung Zinci et Tr Benz Co ... 39
Urea ... Haust. Ureæ ... 44
Urea Clearance Test ... 44
Urea Concentration Test ... 44
Uroselectan B. ... 40
Urotropin. *See* Hexamina.
Vapores (Inhalations) :—
  Vapor Benzoin ... 39
  Vapor Menthol ... 39
Vinum Ipecacuanhæ. *See* Tinct Ipecacuanhæ.
Viola Crystallina ... Pigment Violæ Cryst ... 33
Viride Malachitum ... Pigment Viridi Malachiti ... 33
Weaning ... 61, 65
Weight of Children ... 94

Page.

Weights and Measures ... 7
Whey ... 93
White's Paste. *See* Pasta Picis.
Whitfield's Ointment. *See* Ung Ac Salicyl et Ac Benz.
Yellow Mercuric Oxide. *See* Hydrarg Ox Flav.
Zinci Oxidum ... Cremor Calamin ... 17
  Cremor Zinci ... 17
  Cremor Zinci et Ichthammolis ... 17
  Lotio Calamin ... 24
  Pasta Picis ... 32
  Pasta Zinci ... 33
  Pasta Zinci et Acid Salicyl ... 33
  Pasta Zinci et Hyd Ox Flav ... 33
  Pulv Zinci et Amyli ... 34
  Pulv Zinci et Amyli et Boric... 34
  Ung Zinci ... 39
  Ung Zinci et Eucalypti ... 39
  Ung Zinci et Ol Ric ... 39
  Ung Zinci et Tr Benz Co ... 39
Zinci Sulphas ... Lot Ac Boric et Zinci Sulph (eyes) ... 23
  Lotio Rubra ... 25